

QUARTERLY STATEMENT

AS OF MARCH 31, 2019

OF THE CONDITION AND AFFAIRS OF THE

Harmony Health Plan, Inc. NAIC Group Code 36-4050495 NAIC Company Code Employer's ID Number (Current Period) Organized under the Laws of Illinois , State of Domicile or Port of Entry Country of Domicile **United States** Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity [] Licensed as business type: Dental Service Corporation [] Health Maintenance Organization [X] Vision Service Corporation [] Other [] Is HMO Federally Qualified? Yes [] No [X] Incorporated/Organized 08/18/1995 Commenced Business 07/01/1996 Statutory Home Office 29 North Wacker Drive, Suite 300 Chicago, IL, US 60606 (City or Town, State, Country and Zip Code) Main Administrative Office 8735 Henderson Road Tampa, FL, US 33634 813-206-6200 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Street and Number) P.O. Box 31391 Tampa, FL, US 33631-3391 Mail Address Town, State, Country and Zip Code Tampa, FL, US 33634 Primary Location of Books and Records 8735 Henderson Road 813-206-6200 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Street and Number) Internet Web Site Address www.wellcare.com Statutory Statement Contact Mike Wasik 813-206-2725 (Area Code) (Telephone Number) (Extension) 813-675-2899 michael.wasik@wellcare.com (E-Mail Address) **OFFICERS** Title Title Name Assistant Treasurer, VP and Frederic Joseph McGrath President Michael Troy Meyer Corporate Controller Assistant Secretary and Vice CFO and Vice President Richard Charles Fisher Tammy Lynn Meyer President OTHER OFFICERS Goran Jankovic Treasurer and Vice President Michael Warren Haber Secretary and Vice President **DIRECTORS OR TRUSTEES** Michael Troy Meyer Paul Hubert Frank Andrew Lynn Asher Patrick Albert Burke Olumide Adetokunbo Idowu County of The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated The officers of this reporting entity being duly swom, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement. Frederic Joseph McGrath Michael Troy Meyer Richard Charles Fisher Assistant Treasurer, VP and Corporate Controller President CFO and Vice President a. Is this an original filing? Yes [X] No []

Subscribed and sworn to before me this

day of

b. If no:

2. Date filed

1. State the amendment number

3. Number of pages attached

ASSETS

1				Current Statement Date	e	4
Acade Acad			1	2	3	
1. Pends			Acceta	Nanadmitted Assets		Prior Year Net
2. Stockes 2. 1 Preferred actions 2. 2 Common excises 3. 1 First liters 3. 2 Common excises 3. 2 Common excises 3. 2 Common excises 4. 1 Progressives consipied by the company (fees 4. Real exterior 4. 1 Progressives compiled by the company (fees 5. amounterances) 4. Progressives bed for the procedure of convent (titles 5		Dende			 ` 	
2.1 Preferred spools			, 100, 303		, 700, 303	
2. Common accoles	۷.				0	0
3. Office there is a service occupied by the company (less \$ c			i			i
3.2 Prize than first liers	3.					
3.2 Other than first loss					0	L0
4. Properties necepted by the company (ress \$ 1			i			0
8 encumbrances	4.	Real estate:				
4.2 Proportion half for the production of income (less S		4.1 Properties occupied by the company (less				
(less \$		\$ encumbrances)			0	0
4.3 Properties held for sale (less 8 s encurrationsces)		4.2 Properties held for the production of income				
S — encountrances) C — 265, 527, 363 C — 266, 527, 363 C — 267, 364 C — 267		(less \$ encumbrances)			0	0
6. Cash (S		4.3 Properties held for sale (less				
Cache quivalente (S		\$ encumbrances)			0	0
and short-term investments (\$ 312,288) 393,411,911 393,411,911 393,411,911 0 393,411,	5.	Cash (\$137,571,678),				
6. Contract loans (including \$ premium notes)						
7. Derivatives 0	l					384,893,773
8. Ofter invested assets						0
9. Reconvoluties for socurities 10. Securities incling reinvested collateral assets 10. Control Aggregate write-ins for invested assets 11. Aggregate write-ins for invested assets 12. Subclatas, cash and invested assets (see 1.0.1) 13. Title plants less \$						
10. Securities inding reinvested collaterial assets	1		l .	l .		i
11. Aggregate write-ins for invested assets (Lines 1 to 11)						0
12. Subtotals, cash and invested assets (Lines 1 to 11)						
13. Title plants less \$ charged off (for Title insurers only) 14. Investment income due and accrued 15. Premiums and considerations: 15. Funcional many and considerations: 15. Funcional many and considerations: 15. The control of the plants and agents' balances in the course of collection 15. Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$	11.	Aggregate write-ins for invested assets	0	ļ0		
Investment income due and accrued 572,925 572,925 723,474			399,112,414		399,112,414	390 , 588 , 412
14. Investment income due and accrued 572,925 572,925 723,474 15. Premiums and considerations: 15.1 Uncollected premiums and agents' balances in the course of collection 90,526,236 90,526,236 165,256,816 15.2 Defered premiums, agents' belances and installments booked but deferred and not yet due (including \$eamed but unbilled premiums). 0 0 0 0 0 0 15.3 Accruacy dereospective premiums (\$	13.					
15. Premiums and considerations: 15.1 Uncollected premiums and agents' balances in the course of collection 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$	11	• *				
15.1 Uncollected premiums and agents' balances in the course of collection						123,414
Second collection	15.					
15.2 Deferred premiums, agents' belances and installments booked but deferred and not yet due (including \$			90 526 236		90 526 236	165 256 816
Description						100,200,010
but unbilled premiums)						
15.3 Accrued retrospective premiums (\$, ,			<u></u> 0	0
Contracts subject to redetermination (\$) 2,827,049 2,827,049 112,756						
16. Reinsurance: 16. 1 Amounts recoverable from reinsurers 16. 2 Funds held by or deposited with reinsured companies 16. 3 Other amounts receivable under reinsurance contracts 17. Amounts receivable relating to uninsured plans 11. 091.022 11. 091.022 13. 31. 74. 1 18. 1 Current federal and foreign income tax recoverable and interest thereon 0 18. 2 Net deferred tax asset. 19. Guaranty funds receivable or on deposit 19. Guaranty funds receivable or on deposit 20. Electronic data processing equipment and software. 21. Furniture and equipment, including health care delivery assets (\$			2,827,049		2,827,049	112,756
16.2 Funds held by or deposited with reinsured companies 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	16.					
16.3 Other amounts receivable under reinsurance contracts 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		16.1 Amounts recoverable from reinsurers			0	0
17. Amounts receivable relating to uninsured plans 1,091,022 1,091,022 1,381,740 18.1 Current federal and foreign income tax recoverable and interest thereon 0 0 0 0 18.2 Net deferred tax asset. 3,272,741 3,272,741 3,197,621 3,197,621 19. Guaranty funds receivable or on deposit 0 0 0 0 20. Electronic data processing equipment and software. 0 0 0 0 21. Furniture and equipment, including health care delivery assets (\$) 0 0 0 0 22. Net adjustment in assets and liabilities due to foreign exchange rates 0 0 0 0 23. Receivables from parent, subsidiaries and affiliates 6,784,254 6,784,254 6,784,254 854,207 24. Health care (\$ 24,631,272) and other amounts receivable. 34,567,845 2,342,381 32,225,464 33,070,897 25. Aggregate write-ins for other-rhan-invested assets 3,675,167 3,675,167 0 0 0 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected 542,429,653 6,017,548 536,412,105 595,185,923 27. From Separate Accounts, Segregated Accounts and Protec		16.2 Funds held by or deposited with reinsured companies			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon 18.2 Net deferred tax asset. 3,272,741 3,272,741 3,272,741 3,372,741 3,272,741 3,272,741 3,272,741 3,272,741 3,272,741 3,272,741 3,372,741 3,372,741 3,372,741 3,372,741 3,372,741 3,372,741 3,372,741 3,372,741 3,372,741 3,372,741 3,372,741 3,372,741 3,372,741 3,372,741 3,372,741 3,372,741 3,272,44 4,24,254 4,24,254 5,242,254 5,242,254 5,242,254 5,242,253 5,242,254 5,242,254 5,242,254 5,242,255 5,242,255 5,242						l
18.2 Net deferred tax asset. 3,272,741 3,272,741 3,197,621 19. Guaranty funds receivable or on deposit. 0 0 0 20. Electronic data processing equipment and software. 0 0 0 21. Furniture and equipment, including health care delivery assets (s) 0 0 0 0 22. Net adjustment in assets and liabilities due to foreign exchange rates 0 0 0 0 23. Receivables from parent, subsidiaries and affiliates 6,784,254 6,784,254 6,784,254 854,207 24. Health care (\$24,631,272) and other amounts receivable. 34,567,845 2,342,381 32,225,464 33,070,897 25. Aggregate write-ins for other-than-invested assets 3,675,167 3,675,167 0 0 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25). 542,429,653 6,017,548 536,412,105 595,185,923 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts. 0 0 0 0 28. Total (Lines 26 and 27) 542,429,653 6,017,548 536,412,105 595,185,923 DETAILS OF WRITE-INS 1102. 0 </td <td></td> <td></td> <td></td> <td></td> <td>1,091,022</td> <td>1,381,740</td>					1,091,022	1,381,740
19. Guaranty funds receivable or on deposit					l .	l
20. Electronic data processing equipment and software. 0 0 0 0						l i
21. Furniture and equipment, including health care delivery assets (\$	l	·	i	i	l .	
(\$) 0 0 22. Net adjustment in assets and liabilities due to foreign exchange rates .0 .0 .0 23. Receivables from parent, subsidiaries and affiliates .6,784,254 .6,784,254 .6,784,254 .854,207 24. Health care (\$.24,631,272) and other amounts receivable .34,567,845 .2,342,381 .32,225,464 .33,070,897 25. Aggregate write-ins for other-than-invested assets .3,675,167 .3,675,167 .0 .0 .0 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .542,429,653 6,017,548 .536,412,105 .595,185,923 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .0 .0 .0 28. Total (Lines 26 and 27) .542,429,653 6,017,548 .536,412,105 .595,185,923 DETAILS OF WRITE-INS 1101.					 0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates 0 0 0 23. Receivables from parent, subsidiaries and affiliates 6,784,254 6,784,254 854,207 24. Health care (\$ 24,631,272) and other amounts receivable. 34,567,845 2,342,381 32,225,464 33,070,897 25. Aggregate write-ins for other-than-invested assets 3,675,167 3,675,167 0 0 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25). 542,429,653 6,017,548 536,412,105 595,185,923 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts. 0 0 0 28. Total (Lines 26 and 27) 542,429,653 6,017,548 536,412,105 595,185,923 DETAILS OF WRITE-INS 1101. 0 0 0 0 1102. 0 0 0 0 1103. 0 0 0 0 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) 0 0 0 0 2501. Other non-admitted assets (prepaids) 3,675,167 3,675,167 0 0 0 2	21.				_	
23. Receivables from parent, subsidiaries and affiliates 6,784,254 6,784,254 854,207 24. Health care (\$	22	· ·				
24. Health care (\$						
25. Aggregate write-ins for other-than-invested assets 3,675,167 3,675,167 0 0 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25). 542,429,653 6,017,548 536,412,105 595,185,923 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts. 0 0 0 0 28. Total (Lines 26 and 27) 542,429,653 6,017,548 536,412,105 595,185,923 DETAILS OF WRITE-INS 1101. 0 0 0 1102. 0 0 0 1103. 0 0 0 1104. 0 0 0 1105. 0 0 0 1106. 0 0 0 1107. 0 0 0 1108. Summary of remaining write-ins for Line 11 from overflow page 0 0 0 1109. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) 0 0 0 2501. Other non-admitted assets (prepaids) 3,675,167 3,675,167 0 0 2502. 0					1	i ' i
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25). 542,429,653 6,017,548 536,412,105 595,185,923 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts. 0 0 0 0 28. Total (Lines 26 and 27) 542,429,653 6,017,548 536,412,105 595,185,923 DETAILS OF WRITE-INS 1101. 0 0 0 0 1102 0 0 0 1103 0 0 0 1109. Summary of remaining write-ins for Line 11 from overflow page 0 0 0 0 0 0 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) 0 0 0 0 0 0 2501. Other non-admitted assets (prepaids) 3,675,167 0 0 0 0 2502. 0 0 0 0 0 0 0 0 2503. Summary of remaining write-ins for Line 25 from overflow page 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1		l .	l .	1	l i
Protected Cell Accounts (Lines 12 to 25)						
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 595,185,923 595,185,923 0 <td< td=""><td></td><td></td><td>542,429 653</td><td>6.017 548</td><td>536,412,105</td><td>595 185 923</td></td<>			542,429 653	6.017 548	536,412,105	595 185 923
Cell Accounts. 0 0 28. Total (Lines 26 and 27) 542,429,653 6,017,548 536,412,105 595,185,923 DETAILS OF WRITE-INS 1101. 0 0 0 1102. 0 0 0 1103. 0 0 0 1198. Summary of remaining write-ins for Line 11 from overflow page 0 0 0 0 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) 0 0 0 0 2501. Other non-admitted assets (prepaids) 3,675,167 3,675,167 0 0 2502. 0 0 0 0 0 2503. 0 0 0 0 2598. Summary of remaining write-ins for Line 25 from overflow page 0 0 0 0	27		0.12, 120,000	5,517,040	000, 112, 100	000,100,020
28. Total (Lines 26 and 27) 542,429,653 6,017,548 536,412,105 595,185,923 DETAILS OF WRITE-INS 1101.					n	<u> </u>
DETAILS OF WRITE-INS 1101.	28.		542,429.653	6,017.548	536,412.105	595,185.923
1101. 0 0 0 1102. 0 0 0 1103. 0 0 0 1198. Summary of remaining write-ins for Line 11 from overflow page 0 0 0 0 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) 0 0 0 0 0 2501. Other non-admitted assets (prepaids) 3,675,167 3,675,167 0 0 0 2502. 0 0 0 0 0 0 2503. 0 0 0 0 0 2598. Summary of remaining write-ins for Line 25 from overflow page 0 0 0 0			,,	2,233,230	,,.30	,,
1102. 0 0 0 1103. 0 0 0 1198. Summary of remaining write-ins for Line 11 from overflow page 0 0 0 0 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) 0 0 0 0 2501. Other non-admitted assets (prepaids) 3,675,167 3,675,167 0 0 2502. 0 0 0 0 0 2503. 0 0 0 0 2598. Summary of remaining write-ins for Line 25 from overflow page 0 0 0	1101.				0	
1103. 0 0 0 1198. Summary of remaining write-ins for Line 11 from overflow page 0 0 0 0 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) 0 0 0 0 0 2501. 0ther non-admitted assets (prepaids) 3,675,167 3,675,167 0 0 2502. 0 0 0 2503. 0 0 0 2598. Summary of remaining write-ins for Line 25 from overflow page 0 0 0 0			i	i	i	0
1198. Summary of remaining write-ins for Line 11 from overflow page .0 <td>i</td> <td></td> <td>i</td> <td></td> <td>0</td> <td>0</td>	i		i		0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) 0 0 0 0 2501. 0ther non-admitted assets (prepaids) 3,675,167 3,675,167 0 0 2502. 0 0 0 2503. 0 0 0 2598. Summary of remaining write-ins for Line 25 from overflow page 0 0 0				1	0	0
2501. Other non-admitted assets (prepaids)						0
2502. 0 0 0 2503. 0 0 0 2598. Summary of remaining write-ins for Line 25 from overflow page 0 0 0			3,675,167	3,675,167	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	l	* * *			0	0
	2503.			 	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) 3,675,167 0 0	2598.	Summary of remaining write-ins for Line 25 from overflow page		0	0	0
	2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	3,675,167	3,675,167	0	0

LIABILITIES, CAPITAL AND SURPLUS

3. Unpaid claims adjustment expenses 1,717,759	
Covered Uncovered Total	Total
1. Claims unpaid (less \$ reinsurance ceded)	288,736,17411,743,22036,333,811
2. Accrued medical incentive pool and bonus amounts 15,196,648 15,196,648 3. Unpaid claims adjustment expenses 1,717,759 1,717,759 4. Aggregate health policy reserves including the liability of \$	
3. Unpaid claims adjustment expenses 1,717,759 1,717,759 1,717,759 4. Aggregate health policy reserves including the liability of \$	36,333,81100000000000000000000
4. Aggregate health policy reserves including the liability of \$	36,333,811 0 0 0 0 0
\$	
Service Act	
5. Aggregate life policy reserves 0 6. Property/casualty unearned premium reserve 0 7. Aggregate health claim reserves 0 8. Premiums received in advance 0 9. General expenses due or accrued 22,231,917 10.1 Current federal and foreign income tax payable and interest thereon (including \$	
6. Property/casualty unearned premium reserve	
7. Aggregate health claim reserves 0 8. Premiums received in advance 0 9. General expenses due or accrued 22,231,917 10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses)) 11,502,728 10.2 Net deferred tax liability 0 11. Ceded reinsurance premiums payable 0 12. Amounts withheld or retained for the account of others 0 13. Remittances and items not allocated 0 14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) 0 15. Amounts due to parent, subsidiaries and affiliates 0 16. Derivatives 0 17. Payable for securities 0 18. Payable for securities lending 0 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ certified reinsurers) 0 20. Reinsurance in unauthorized and certified (\$ suntantified (\$ sunt	
8. Premiums received in advance	
8. Premiums received in advance	
9. General expenses due or accrued	17,135,428 1,662,785 0 0 0
10.1 Current federal and foreign income tax payable and interest thereon (including \$	1,662,785 0 0 0
\$ on realized gains (losses)) 11,502,728 11,502,728 10.2 Net deferred tax liability 0 11. Ceded reinsurance premiums payable 0 12. Amounts withheld or retained for the account of others 0 13. Remittances and items not allocated 0 14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) = 0 15. Amounts due to parent, subsidiaries and affiliates 0 16. Derivatives 0 17. Payable for securities 0 18. Payable for securities lending 0 19. Funds held under reinsurance treaties (with \$ current) = 0 20. Reinsurance in unauthorized and certified (\$) companies 0 21. Ceded reinsurance in unauthorized and certified (\$) companies 0 22. Reinsurance in unauthorized and certified (\$) companies 0 23. The payable for securities 0 24. Separate 0 25. The payable for securities 0 26. Separate 0 27. Separate 0 28. Separate 0 29. Separate 0 20. Separate 0 21. Separate 0 22. Separate 0 23. Separate 0 24. Separate 0 25. Separate 0 26. Separate 0 27. Separate 0 28. Separate 0 29. Separate 0 20. Separate 0	
10.2 Net deferred tax liability	
11. Ceded reinsurance premiums payable 0 12. Amounts withheld or retained for the account of others 0 13. Remittances and items not allocated 0 14. Borrowed money (including \$ current) and interest thereon \$ current) 0 15. Amounts due to parent, subsidiaries and affiliates 0 16. Derivatives 0 17. Payable for securities 0 18. Payable for securities lending 0 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers) 0 20. Reinsurance in unauthorized and certified (\$ c	
12. Amounts withheld or retained for the account of others	0 0 0 205
13. Remittances and items not allocated	0 0 0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ 0 0 15. Amounts due to parent, subsidiaries and affiliates 0 0 16. Derivatives 0 0 17. Payable for securities 17. Payable for securities 18. Payable for securities 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers) 0 19. Reinsurance in unauthorized and certified (\$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0
interest thereon \$ (including \$	205
\$ current) 0 15. Amounts due to parent, subsidiaries and affiliates 0 16. Derivatives 0 17. Payable for securities 0 18. Payable for securities lending 0 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers) 0 20. Reinsurance in unauthorized and certified (\$ 0 companies 0 0	205
\$ current) 0 15. Amounts due to parent, subsidiaries and affiliates 0 16. Derivatives 0 17. Payable for securities 0 18. Payable for securities lending 0 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers) 0 20. Reinsurance in unauthorized and certified (\$ 0 companies 0 0	205
15. Amounts due to parent, subsidiaries and affiliates	205
16. Derivatives	0
17. Payable for securities	_ 1
18. Payable for securities lending	() I
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)	i
authorized reinsurers, \$	0
and \$ certified reinsurers)0 20. Reinsurance in unauthorized and certified (\$) companies0	
20. Reinsurance in unauthorized and certified (\$	
companies0	0
companies0	
	0
	0
22. Liability for amounts held under uninsured plans	33,000,301
23. Aggregate write-ins for other liabilities (including \$	
current)	
24. Total liabilities (Lines 1 to 23)	392,012,945
25. Aggregate write-ins for special surplus funds	0
26. Common capital stock	600,000
	0
28. Gross paid in and contributed surplus	
29. Surplus notes XXX XXX	
29. Surplus flotes	
30. Aggregate write-ins for other-than-special surplus funds	0
31. Unassigned funds (surplus)	35,012,268
32. Less treasury stock, at cost:	
32.1shares common (value included in Line 26	
\$	0
32.2 shares preferred (value included in Line 27	
\$	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) XXX XXX XXX 189,929,572	
	595, 185, 923
34. Total liabilities, capital and surplus (Lines 24 and 33) XXX XXX 536,412,105	393, 103, 923
DETAILS OF WRITE-INS	
2301. Unclaimed property payable	1,062,539
2302.	
2303.	
2398. Summary of remaining write-ins for Line 23 from overflow page	0
	1,062,539
2501. Estimated ACA Industry Fee (following year)	0
2502. XXX XXX	0
	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) XXX XXX 4,908,000	0
3001. XXX XXX	i
i I I I I I I I I I I I I I I I I I I I	
3002XXXXXX	0
3002. XXX XXX XXX 3003. XXX XXX XXX	
3003. xxx xxx	0
3003XXXXXX	

STATEMENT OF REVENUE AND EXPENSES

	STATEMENT OF REVENU				
		Current Y	ear To Date	Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months				
l	Net premium income (including \$ non-health premium income)	i	i	1	
3.	Change in unearned premium reserves and reserve for rate credits	xxx	(5,503,524)	0	(18,426,484)
4.	Fee-for-service (net of \$medical expenses)	xxx		0	0
5.	Risk revenue				
6.	Aggregate write-ins for other health care related revenues				
7.	Aggregate write-ins for other non-health revenues				
8.	Total revenues (Lines 2 to 7)	xxx	253,994,378	328,392,886	1,654,102,729
i -	al and Medical:		404 054 407	004 077 070	4 007 400 400
i	Hospital/medical benefits	i	i	1	i
	Other professional services		1	1	
	Outside referrals Emergency room and out-of-area				
12.	Prescription drugs	i	I	1	
13. 14.	Aggregate write-ins for other hospital and medical.				
15.	Incentive pool, withhold adjustments and bonus amounts.	ı	1	1	
_	Subtotal (Lines 9 to 15)	i	1		
Less:	Net reinsurance recoveries	_			
17.	Total hospital and medical (Lines 16 minus 17)	i	i	1	i
19.	Non-health claims (net)	i .	1	I	
i	Claims adjustment expenses, including \$ 1,142,070 cost containment	l .	1	4,062,321	
	expenses				
i	General administrative expenses		34,729,689	61,468,540	228,243,043
22.	Increase in reserves for life and accident and health contracts (including			(4.554.044)	(45 570 000)
	\$increase in reserves for life only)		1		
	Total underwriting deductions (Lines 18 through 22)	l .	1	I	
	Net investment income earned				
i	Net realized capital gains (losses) less capital gains tax of \$		İ	i	
27.	Net investment gains (losses) (Lines 25 plus 26)		1	1	
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered		2, 170,001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	\$			0	0
29.	Aggregate write-ins for other income or expenses			(732.252)	(100,000)
i	Net income or (loss) after capital gains tax and before all other federal income taxes			į į	,
21	(Lines 24 plus 27 plus 28 plus 29) Federal and foreign income taxes incurred	XXX	1	` ' '	
l	Net income (loss) (Lines 30 minus 31)	XXX	40,608,658		88,798,601
J2.	DETAILS OF WRITE-INS		40,000,000	(17,140,122)	00,730,001
0601.	Other income	xxx	2.765	0	1.562.999
0602.		xxx		0	0
0603.		xxx		0	0
0698.	Summary of remaining write-ins for Line 6 from overflow page	xxx	0	0	0
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	xxx	2,765	0	1,562,999
0701.		xxx		0	0
0702.		xxx	ļ	0	0
0703.		xxx		0	0
0798.	Summary of remaining write-ins for Line 7 from overflow page	xxx	0	0	0
0799.	Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401.				0	0
1402.				0	0
1403.		ļ	 	0	0
	Summary of remaining write-ins for Line 14 from overflow page		0	0	0
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	(720, 050)	0
i	Fines and penalties	0		(732,252)	(100,000)
2902.		İ	†	0	0
2903. 2998.	Summary of remaining write-ins for Line 29 from overflow page	1	0	0	0
		0			/100 000\
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	<u> </u>	0	(732,252)	(100,000

STATEMENT OF REVENUE AND EXPENSES (Continued)

	STATEMENT OF REVENUE AND EX	YENSES (Continue	u)
		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
	CAFITAL & SURFEUS ACCOUNT			
		000 470 070	400,000,000	400,000,000
33.	Capital and surplus prior reporting year			
34.	Net income or (loss) from Line 32			
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$			
37.	Change in net unrealized foreign exchange capital gain or (loss)		0	0
38.	Change in net deferred income tax	75,120	1,339,222	(8,324,422)
39.	Change in nonadmitted assets	(3,942,247)	(4,337,355)	(1,128,314)
40.	Change in unauthorized and certified reinsurance	0	0	0
41.	Change in treasury stock	0	0	0
42.	Change in surplus notes	0	0	0
43.	Cumulative effect of changes in accounting principles		0	0
44.	Capital Changes:			
	44.1 Paid in		0	0
	44.2 Transferred from surplus (Stock Dividend)		0	0
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
40.			0	40, 000, 000
	45.1 Paid in			
	45.2 Transferred to capital (Stock Dividend)	0		0
	45.3 Transferred from capital			0
46.	Dividends to stockholders	(50,000,000)	0	(50,000,000)
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital and surplus (Lines 34 to 47)	(13,243,406)	(20 , 138 , 255)	69,344,156
49.	Capital and surplus end of reporting period (Line 33 plus 48)	189,929,572	113,690,567	203,172,978
	DETAILS OF WRITE-INS			
4701.			0	0
4702.			0	0
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0
00.			0	0

CASH FLOW

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance	327 , 273 , 673	417,626,971	1,591,221,578
2.	Net investment income		861,042	6,713,175
3.	Miscellaneous income	2,765	0	1,562,999
4.	Total (Lines 1 to 3)	329,909,750	418,488,013	1,599,497,752
	Benefit and loss related payments	233.729.487	262 , 337 , 188	1, 257, 591, 413
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	, , , ,	0	
	Commissions, expenses paid and aggregate write-ins for deductions		26,523,573	222,527,293
	Dividends paid to policyholders		0	
	Federal and foreign income taxes paid (recovered) net of \$			
	gains (losses)	13	0	3,575,178
10.	Total (Lines 5 through 9)	262.435.218	288.860.761	1,483,693,884
	Net cash from operations (Line 4 minus Line 10)	67,474,532	129.627.252	115,803,868
	Cash from Investments	0.,,002	120,021,1202	110,000,000
12	Proceeds from investments sold, matured or repaid:			
12.	12.1 Bonds	0	0	1,425,000
	12.2 Stocks	0	0	
			0	(
	12.4 Real estate	0	0	(
	12.5 Other invested assets	0	0	(
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	43	(
	12.7 Miscellaneous proceeds	0	0	(
	· ·	0	43	1,425,000
13	Cost of investments acquired (long-term only):			
10.		0	1 795 998	3,459,409
	13.2 Stocks		0	, 400 , 400
	13.3 Mortgage loans	0	0	(
	13.4 Real estate	0	0	(
	13.5 Other invested assets		0	(
	13.6 Miscellaneous applications	0	0	(
	13.7 Total investments acquired (Lines 13.1 to 13.6)	0	1,795,998	3,459,409
1/	Net increase (or decrease) in contract loans and premium notes	0	0	0,400,400
	· '	0	(1,795,955)	(2,034,409
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	0	(1,790,900)	(2,034,408
40	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):	0	0	,
	16.1 Surplus notes, capital notes			40,000,000
	16.2 Capital and paid in surplus, less treasury stock			40,000,000
		0	0	
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	
		(8,956,394)	(10,357,390)	
17	16.6 Other cash provided (applied)	(0,300,034)	(10,557,590)	(3,170,040
17.	plus Line 16.6)	(58,956,394)	(10,357,390)	(13,178,640
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	, , , , , , , , , , , ,	, , , , , , , , , , , , ,	, -, -,-,-
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	8.518.138	117 . 473 . 907	100.590.819
	Cash, cash equivalents and short-term investments:		, , ,	
		384,893,773	284,302,954	284,302,954
	19.2 End of period (Line 18 plus Line 19.1)	393,411,911	401,776,860	384,893,773

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STATEMENT AS OF MARCH 31, 2019 OF THE Harmony Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Compreh (Hospital &	nensive Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:			_F	2.7/	. ,	,				
1. Prior Year	308,776	0	0	0	0	0	0	86,667	222,109	(
2. First Quarter	81,753	0	0	0	0	0	0	81,753	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	246,671							246,671		
Total Member Ambulatory Encounters for Period:										
7. Physician	242,802							242,802		
8. Non-Physician	111,688							111,688		
9. Total	354,490	0	0	0	0	0	0	354,490	0	0
10. Hospital Patient Days Incurred	50,197							49,611	586	
11. Number of Inpatient Admissions	6,549							6,466	83	
12. Health Premiums Written (a)	259,505,008							257 , 264 , 037	2,393,294	(152,323
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	254,001,484							251,760,513	2,393,294	(152,323
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	233,969,967							182,238,755	51,588,218	142,994
18. Amount Incurred for Provision of Health Care Services	169, 195, 472							197,859,854	(28,460,706)	(203,676

⁽a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 257,111,714

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims											
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total					
Claims unpaid (Reported)	1 - 30 Days	31 - 00 Days	01 - 90 Days	91 - 120 Days	Over 120 Days	Total					
Claims urpaid (Reported)											
0199999 Individually listed claims unpaid	0	0	0	0		0					
0299999 Aggregate accounts not individually listed-uncovered	10,508,283	3,113,176	4,328,465	5,610,407	89,308,585	112,868,916					
0399999 Aggregate accounts not individually listed-covered											
049999 Subtotals	10,508,283	3,113,176 XXX	4,328,465	5,610,407	89,308,585 XXX	112,868,916					
0599999 Unreported claims and other claim reserves 0699999 Total amounts withheld	XXX	XXX	XXX	XXX	XXX	107,869,380					
	XXX	XXX	XXX	XXX	XXX	220,738,296					
0799999 Total claims unpaid				XXX		220,730,290 15,106,649					
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX	15,196,648					

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

ANALYSIS OF CLAIMS UNPAID-PRIOR		ims	Liab	oility		
		ar to Date	End of Curr		5	6
	1	2	3	4	υ	0
Line of Business	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
Comprehensive (hospital and medical)					0	0
2. Medicare Supplement					0	0
3. Dental only					0	0
4. Vision only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare	66,205,852	137 ,731 ,239	40,687,994	81,665,766	106,893,846	109,459,030
7. Title XIX - Medicaid	47 , 175 , 402	4,919,866	98,130,222	165,873	145,305,624	178,842,033
8. Other health	346,669	(203,675)	88,442	0	435,111	435,111
9. Health subtotal (Lines 1 to 8)	113,727,923	142,447,430	138,906,658	81,831,639	252,634,581	288 , 736 , 174
10. Health care receivables (a)	5,209,337	21,764,317			5,209,337	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	6,514,705	(1,976,481)	5,581,098	9,615,550	12,095,803	11,743,220
13. Totals (Lines 9-10+11+12)	115,033,291	118,706,632	144,487,756	91,447,189	259,521,047	300,479,394

⁽a) Excludes \$ loans or advances to providers not yet expensed.

STATEMENT AS OF MARCH 31, 2019 OF THE Harmony Health Plan, Inc. NOTES TO FINANCIAL STATEMENT

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Harmony Health Plan, Inc. (the "Company"), domiciled in the state of Illinois, are presented on the basis of accounting practices prescribed or permitted by the Insurance Department of Illinois (the "Department").

The Department recognizes only statutory accounting practices prescribed or permitted by the state of Illinois for determining and reporting the financial condition, results of operations, and cash flows of an insurance company for determining its solvency under Illinois insurance law. The National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures manual, ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the state of Illinois.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Illinois is shown below:

			F/S	F/S		
		SSAP#	Page	Line #	2019	2018
	NET INCOME					
1	Company state basis (Page 4, Line 32, Columns 2&3)	XXX	XXX	XXX	\$ 40,608,658	\$ 88,798,601
2	State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:					
	None				_	_
3	State Permitted Practices that are an increase/ (decrease) from NAIC SAP:					
	None					<u> </u>
4	NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 40,608,658	\$ 88,798,601
	SURPLUS					
5	Company state basis (Page 3, Line 33, Columns 3&4)	XXX	XXX	XXX	\$ 189,929,572	\$ 203,172,978
6	State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:					
	None			_		_
7	State Permitted Practices that are an increase/ (decrease) from NAIC SAP:					
	None			_	<u> </u>	
8	NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 189,929,572	\$ 203,172,978

B. Uses of Estimates in the Preparation of the Financial Statements No significant change.

C. Accounting Policy

No significant change.

D. Going Concern - None

2. Accounting Changes and Corrections of Errors

None

3. Business Combinations and Goodwill

None

4. Discontinued Operations

None

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans None
- B. Debt Restructuring None
- C. Reverse Mortgages None
- D. Loan-Backed Securities None

STATEMENT AS OF MARCH 31, 2019 OF THE Harmony Health Plan, Inc. NOTES TO FINANCIAL STATEMENT

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions None
- F. Repurchase Agreement Transactions Accounted for as Secured Borrowing None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing None
- H. Repurchase Agreements Transactions Accounted for as a Sale None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale None
- J. Real Estate None
- K. Low-Income Housing Tax Credits (LIHTC) None
- L. Restricted Assets (Including Pledged)
- 1. No significant change
- 2. None
- 3 None
- 4. None
- M. Working Capital Finance Investments None
- N. Offsetting and Netting of Assets and Liabilities None
- O. Structured Notes None
- P. 5* GI Securities None
- O. Short Sales None
- R. Prepayment Penalty and Acceleration Fees
 - (1) Number of CUSIPS None
 - (2) Aggregate Amount of Investment Income None

6. Joint Ventures, Partnerships and Limited Liability Companies

None

7. Investment Income

No significant change.

8. Derivative Instruments

None

9. Income Taxes

No significant change.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

On March 28, 2019 the Company paid a \$50,000,000 extraordinary cash dividend to the indirect parent company, The WellCare Management Group, Inc. ("WMG"). The Company's parent company, Harmony Health Systems, Inc. does not maintain an active bank account so the dividend was paid directly to WMG.

11. Debt

- A. Debt None
- B. Federal Home Loan Bank Agreements None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

None

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

No significant change.

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments None
- B. Assessments None
- C. Gain Contingencies None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming From Lawsuits None
- E. Joint and Several Liabilities None
- F. All Other Contingencies The Company's ultimate parent, WellCare, is a party to a number of legal actions and regulatory investigations. These matters do not directly involve the Company and management does not expect the matters to have an affect on the Company's financial position.

15. Leases

None

STATEMENT AS OF MARCH 31, 2019 OF THE Harmony Health Plan, Inc. NOTES TO FINANCIAL STATEMENT

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of Receivables Reported as Sales None
- B. Transfer and Servicing of Financial Assets None
- C. Wash Sales None

18. Gain or Loss to the Reporting Entity From Uninsured Plans and the Uninsured Portion of Partially Insured Plans

- A. ASO Plans None
- B. ASC Plans None
- C. Medicare of Similarly Structured Cost Based Reimbursement Contract
- None
- 2. No significant change.
- 3. None
- 4. None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None

20. Fair Value Measurements

A. Assets that are measured at fair value on a recurring basis subsequent to initial recognition

1. Fair Value Measurements Reporting Date

						Net A	Asset Value	
Description of each class of asset or liability		Level 1	Level 2	Level 3		((NAV)	Total
a. Assets at fair value								
Cash Equivalents								
Exempt Money Market Funds	\$	57,623,306	\$ — \$		_	\$	— \$	57,623,306
Other Money Market Funds	_	197,904,629	 		_			197,904,629
Total Cash Equivalents	\$	255,527,935	\$ — \$		_	\$	— \$	255,527,935
Perpetual Preferred Stock								
Industrial & Misc	\$	_	\$ — \$		_	\$	— \$	_
Parent, Subsidiaries and Affiliates		_	_		_		_	_
Total Perpetual Preferred Stocks	\$	_	\$ - \$		_	\$	- \$	_
Bonds								
U.S. Government	\$	_	\$ — \$		_	\$	- \$	_
Industrial & Misc.		_	_		_		_	_
Hybrid Securities		_	_		_		_	_
Parent, Subsidiaries and Affiliates		_	_		_		_	_
Total Bonds	\$	_	\$ — \$		_	\$	— \$	_
Common Stock								
Industrial & Misc.	\$	_	\$ — \$		_	\$	— \$	_
Parent, Subsidiaries and Affiliates		_	_		_		_	_
Total Common Stock	\$	_	\$ — \$		_	\$	— \$	_
Derivatives Assets								
Interest rate contracts	\$	_	\$ — \$		_	\$	— \$	_
Foreign exchange contracts		_	_		_		_	_
Credit contracts		_	_		_		_	_
Commodity futures contracts		_	_		_		_	_
Commodity futures contracts		_	_		_		_	_
Total Derivatives	\$	_	\$ — \$		_	\$	— \$	_
Separate account assets	\$		\$ _ \$		_	\$	— \$	
Total assets at fair value	\$	255,527,935	\$ — \$		_	\$	— \$	255,527,935
b. Liabilities at fair value								
Total liabilities at fair value	\$	_	\$ <u> </u>		_	\$	<u> </u>	

B. None

STATEMENT AS OF MARCH 31, 2019 OF THE Harmony Health Plan, Inc. NOTES TO FINANCIAL STATEMENT

C. Fair Values for All Financial Instruments by Levels 1, 2 and 3:

								Not Practicable
Type of Financial	Aggregate	Admitted					Net Asset	(Carrying
Instrument	Fair Value	Assets Level 1		Level 1	Level 2	Level 3	Value (NAV)	Value)
Bonds								
US Government	\$ 5,692,249 \$	5,700,503	\$	5,692,249 \$	— \$	_	s —	\$ —
U.S. States, territories & possessions	_	_		_	_	_	_	_
Political subdivision of states, territories & possessions	_	_		_	_	_	_	_
U.S. Special revenue & special assessment, non-guaranteed agencies & government	_	_		_	_	_	_	_
Industrial & miscellaneous	_	_		_	_	_	_	_
Total Bonds	5,692,249	5,700,503		5,692,249	_	_	_	
Short Term Investments	312,687	312,298		312,687	_	_	_	_
Total Bonds and Short Term Investments	\$ 6,004,936 \$	6,012,801	\$	6,004,936 \$	— \$	_	\$ —	\$

D. None

21. Other Items

- A. Extraordinary Items None
- B. Troubled Debt Restructuring None
- C. Other Disclosures and Unusual Items On March 26, 2019, WellCare Health Plans, Inc. entered into an Agreement and Plan of Merger (the "Merger Agreement") with Centene Corporation. The closing of the Merger Agreement is subject to customary closing conditions, including, but not limited to, the approval of the Merger Agreement by our stockholders, the approval of the share issuance of Centene stock by Centene's stockholders, and the receipt of U. S. federal antitrust clearance and certain other required regulatory approvals. The transaction is expected to close in the first half of 2020. Currently management does not know what, if any, effect the transaction will have on the Company.

Medicaid Contract

In Q3 2018, as a result of WellCare Health Plan Inc.'s acquisition of Meridian (inclusive of Meridian Health Plans of Illinois, Inc. ("Meridian IL")), management has an agreement with the IDHFS to terminate the Company's IL Medicaid contract on a date mutually agreeable and, upon termination, IDHFS will transfer these members onto the Meridian IL Medicaid contract. During the same quarter, management notified IDHFS that it intended to terminate the Company's Medicaid contract, effective December 31, 2018 at 11:59 PM EST such that the members will transfer to the Meridian IL Medicaid contract on January 1, 2019 ("integration date"). On the integration date, new blended premium capitation rates will be assigned to the Meridian IL contract. This transaction was completed as agreed upon with IDHFS and, accordingly, effective January 1, 2019, the Company no longer provides services to the Illinois Medicaid program.

- D. Business Interruption Insurance Recoveries None
- E. State Transferable and Non-Transferable Tax Credits None
- F. Subprime Mortgage Related Risk Exposure None
- G. Retained Assets None
- H. Insurance-Linked Securities (ILS) Contracts None

22. Events Subsequent

There were no events occurring subsequent to March 31, 2019 requiring disclosure. Subsequent events have been considered through March 31, 2019 for the Statutory statement issued on May 10, 2019.

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. No significant change.
- B. No significant change.
- C. No significant change.
- D. Not applicable
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA) Not applicable

STATEMENT AS OF MARCH 31, 2019 OF THE Harmony Health Plan, Inc. NOTES TO FINANCIAL STATEMENT

25. Change in Incurred Claims and Claim Adjustment Expenses

A. The estimated cost of claims expense attributable to insured events of the prior year decreased by \$40,958,347 during 2019. This is approximately 13.6% of unpaid claims expenses of \$300,479,394 as of December 31, 2018. Excluding the prior period development related to the release of the provision for moderately adverse conditions, medical benefits expense for the period ending March 31, 2019 was affected by approximately \$27,648,686 of net favorable development related to prior years. Such amounts are net of the development relating to refunds due to government customers with minimum loss ratio provisions.

B. None

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables

No significant change.

29. Participating Policies

None

30. Premium Deficiency Reserves

None

31. Anticipated Salvage and Subrogation

None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

1.1	Did the reporting entity Domicile, as required	tate of	Υ	es [] No [X]				
1.2	, ·	•	y state?				Υ	/es [] No []
2.1	Has any change been reporting entity?	made during the year of this	s statement in the charter, by-laws, articles	of incorporation, or de	eed of settlem	ent of the	Y	/es [] No [X]
2.2	If yes, date of change:									
3.1			Holding Company System consisting of two				Υ	'es [X] No []
	If yes, complete Scheo	dule Y, Parts 1 and 1A.								
3.2	Have there been any s	substantial changes in the o	rganizational chart since the prior quarter of	end?			Υ	es [] No [X]
3.3	If the response to 3.2 i									
3.4	Is the reporting entity p	oublicly traded or a member	of a publicly traded group?				Υ	/es [X] No []
3.5	If the response to 3.4 i	s yes, provide the CIK (Cen	tral Index Key) code issued by the SEC fo	r the entity/group				00)01279363	3
4.1	Has the reporting entit		Υ	es [] No [X]				
	If yes, complete and fil	le the merger history data fil	e with the NAIC for the annual filing corres	ponding to this period.						
4.2		ne of entity, NAIC Company esult of the merger or consol	Code, and state of domicile (use two lette lidation.	r state abbreviation) fo	r any entity th	at has				
			1	2	3					
			Name of Entity	NAIC Company Code	State of I	Domicile				
	State the as of date th	the latest financial examinat	ion of the reporting entity was made or is b nation report became available from either ance sheet and not the date the report was	the state of domicile o	r the reporting	a entity.				
6.3	State as of what date to the reporting entity.	the latest financial examinat This is the release date or o	ion report became available to other states completion date of the examination report	s or the public from eith	ner the state of	of domicile (balance				
6.4	By what department of								,, 11,, 2011	
6.5			e latest financial examination report been a				Yes []	No [] NA [X]
			financial examination report been complied				Yes [X]	No [] NA []
7.1	Has this reporting entition suspended or revoked	ty had any Certificates of Au by any governmental entity	thority, licenses or registrations (including during the reporting period?	corporate registration,	if applicable)		Υ	res [] No [X]
7.2	If yes, give full informa									
8.1	Is the company a subs	sidiary of a bank holding con	npany regulated by the Federal Reserve B	oard?			Y	/es [] No [X]
8.2			of the bank holding company.							
8.3			thrifts or securities firms?				Υ	/es [] No [X]
8.4	federal regulatory serv	rices agency [i.e. the Federa	names and location (city and state of the al Reserve Board (FRB), the Office of the C curities Exchange Commission (SEC)] and	Comptroller of the Curre	ency (OCC), t	the Federal				
		1	2 Location	3	4	5	6			
	Affili	ate Name	(City, State)	FRB	occ	FDIC	SEC			

GENERAL INTERROGATORIES

9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?	Yes	[X]	No []
	(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships; (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;			
	(c) Compliance with applicable governmental laws, rules and regulations;(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and			
	(e) Accountability for adherence to the code.			
9.11	If the response to 9.1 is No, please explain:			
9.2	Has the code of ethics for senior managers been amended?	Yes	[]	No [X]
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).			
9.3	Have any provisions of the code of ethics been waived for any of the specified officers?	Yes	[]	No [X]
9.31	If the response to 9.3 is Yes, provide the nature of any waiver(s).			
	FINANCIAL			
10.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?	Yes	[X]	No []
10.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$			0
11.1	INVESTMENT Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)	Yes	[]	No [X]
11.2	If yes, give full and complete information relating thereto:			
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:\$			0
13.	Amount of real estate and mortgages held in short-term investments:			0
14.1	Does the reporting entity have any investments in parent, subsidiaries and affiliates?	Yes	[]	No [X]
14.2	If yes, please complete the following:			
	1 2 Prior Year-End Current Quarter Book/Adjusted Book/Adjusted Carrying Value Carrying Value			
	14.21 Bonds \$ 0 \$			
	14.23 Common Stock \$			
	14.24 Short-Term Investments			
	14.25 Wortgage Loans of Real Estate \$			
	14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) \$			
	(Subtotal Lines 14.21 to 14.26) \$			
15.1		Yes	[]	No [X]
15.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	Yes	[]	No []
	If no, attach a description with this statement.			
16	For the reporting entity's security lending program, state the amount of the following as of the current statement date: 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$			0
	 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$			
	16.3 Total payable for securities lending reported on the liability page \$			

GENERAL INTERROGATORIES

17.	entity's offices, vaults pursuant to a custodia Considerations, F. Ou	or safety deposit boxes, we al agreement with a qualifie atsourcing of Critical Function	re all stocks, bonds d bank or trust com ons, Custodial or Sa	s and other pany in according A	securities, ow ordance with S Agreements of	ned thro Section the NA	nts held physically in the reporting oughout the current year held 1, III – General Examination IC Financial Condition Examiners	Yes [X] No []
17.1	For all agreements the	at comply with the requirem	ents of the NAIC Fi	inancial Cor	ndition Examin	ers Han	ndbook, complete the following:	
		Name of	1 Custodian(s)			С	2 Custodian Address	
		SunTrust Bank			Nashville,	TN		
17.2	For all agreements the location and a complete		quirements of the N	NAIC Finand	cial Condition	Examine	ers Handbook, provide the name,	
		1 Name(s)		2 Location(s	5)		3 Complete Explanation(s)	
17.3	Have there been any	changes, including name c	nanges, in the custo	odian(s) ide	ntified in 17.1	during tl	he current quarter?	Yes [] No [X]
17.4	If yes, give full and co	omplete information relating	thereto:					
		1 Old Custodian	2 New Custodi	ian	3 Date of Char	nge	4 Reason	
		old oddiodian			24,0 0, 0,14.	.gc		
17.5	authority to make inve		of the reporting en	tity. For ass	ets that are m	anaged	luding individuals that have the internally by employees of the]	
	N	1 lame of Firm or Individual				2 Affiliation	on	
17.509		duals listed in the table for a "U") manage more than 1				liated w	ith the reporting entity	Yes [] No [X]
17.509		unaffiliated with the reportin under management aggreç						Yes [] No [X]
17.6	For those firms or indi	ividuals listed in the table fo	r 17.5 with an affilia	ation code o	of "A" (affiliated	l) or "U"	(unaffiliated), provide the information	on for the table below.
	1 Central Regist Depository Nu		2 of Firm or lividual		3 Legal Entity lentifier (LEI)		4 Registered With	5 Investment Management Agreement (IMA) Filed
		i						
18.1 18.2		uirements of the <i>Purposes</i> a	and Procedures Ma	nual of the	NAIC Investm	ent Anai	lysis Office been followed?	Yes [X] No [
19.	Documentation a. PL security is	not available.	credit analysis of the	he security	does not exist		f-designated 5GI security: AIC CRP credit rating for an FE or	
	c. The insurer ha	gor is current on all contract as an actual expectation of ity self-designated 5GL secu	ultimate payment of	f all contrac	ted interest ar		pal.	Yes [] No [X]
20.							f-designated PLGI security:	[1]
	a. The security v	was purchased prior to Janu entity is holding capital con	ary 1, 2018.					
	The NAIC De		the credit rating as	ssigned by a	an NAIC CRP for examinati	in its leg	gal capacity as a NRSRO which is ate insurance regulators.	
	, ,		•	•	•			Yes [] No [X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

Operating Percentages:				
1.1 A&H loss percent	·····-		6	67.1 <u>%</u>
1.2 A&H cost containment percent	<u> </u>			0.4 %
1.3 A&H expense percent excluding cost containment expenses.	<u>-</u>		1	14.0 %
2.1 Do you act as a custodian for health savings accounts?		Yes [L	No [X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date	\$			
2.3 Do you act as an administrator for health savings accounts?		Yes []	No [X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date	\$			
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?		Yes [Χ]	No []
3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domic the reporting entity?	ile of	Yes [1	No []

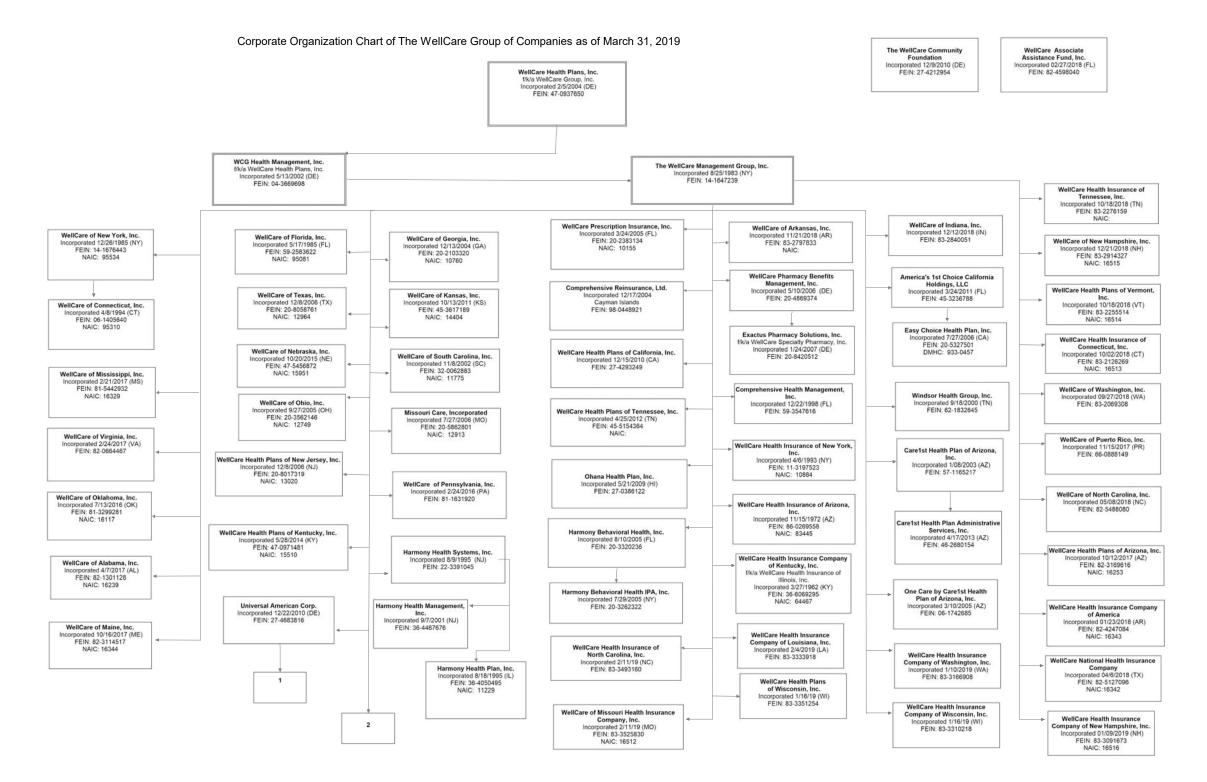
SCHEDULE S - CEDED REINSURANCE

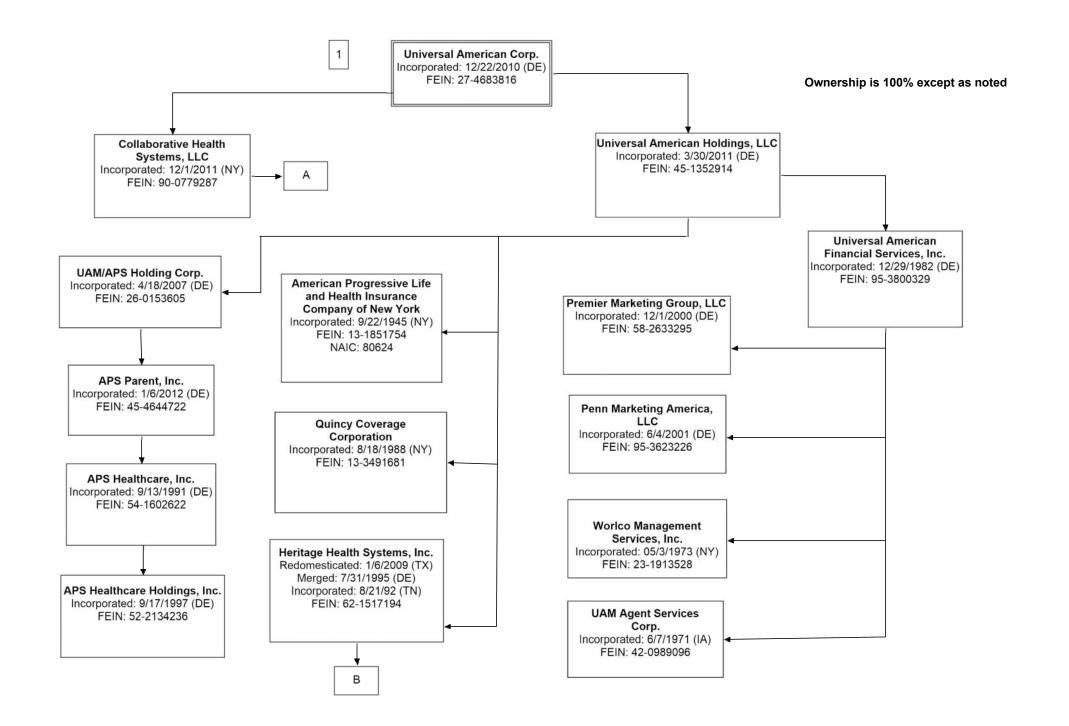
NIC Corrosity Code D Number Cheek Name of Reinsurer Dominitary Code D Number Cheek Name of Reinsurer Dominitary Code D Number Cheek Name of Reinsurer Dominitary Code D Number Cheek Name of Reinsurer				Showing All New Reinsurance Tru	eaties - Current Year to Date				
	•		Effective	4	5	6 Type of Reinsurance		8 Certified Reinsurer Rating	9 Effective Date of Certified
NONE	Company Code	ID Number	Date	Name of Reinsurer	Jurisdiction	Ceded	Type of Reinsurer	(1 through 6)	Reinsurer Rating
NONE									
NONE									
NONE		-					+		
NONE							-		
NONE							-		
NONE									
NONE									
NONE									
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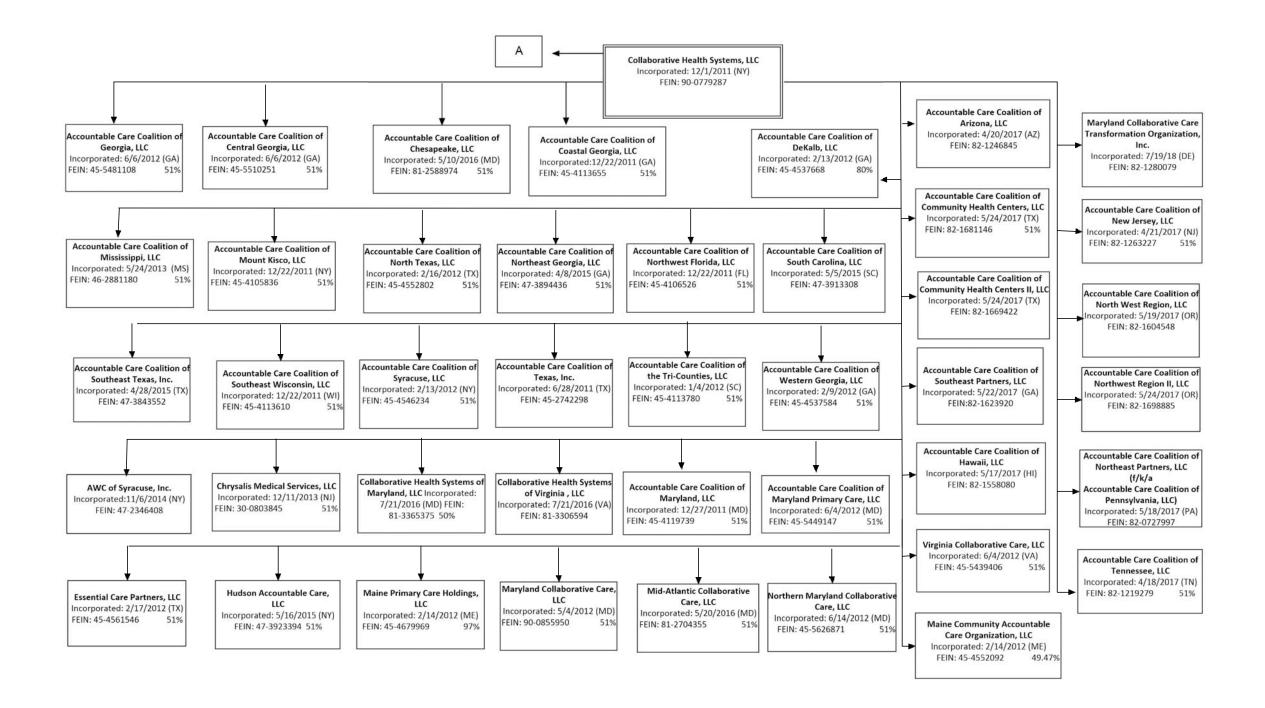
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

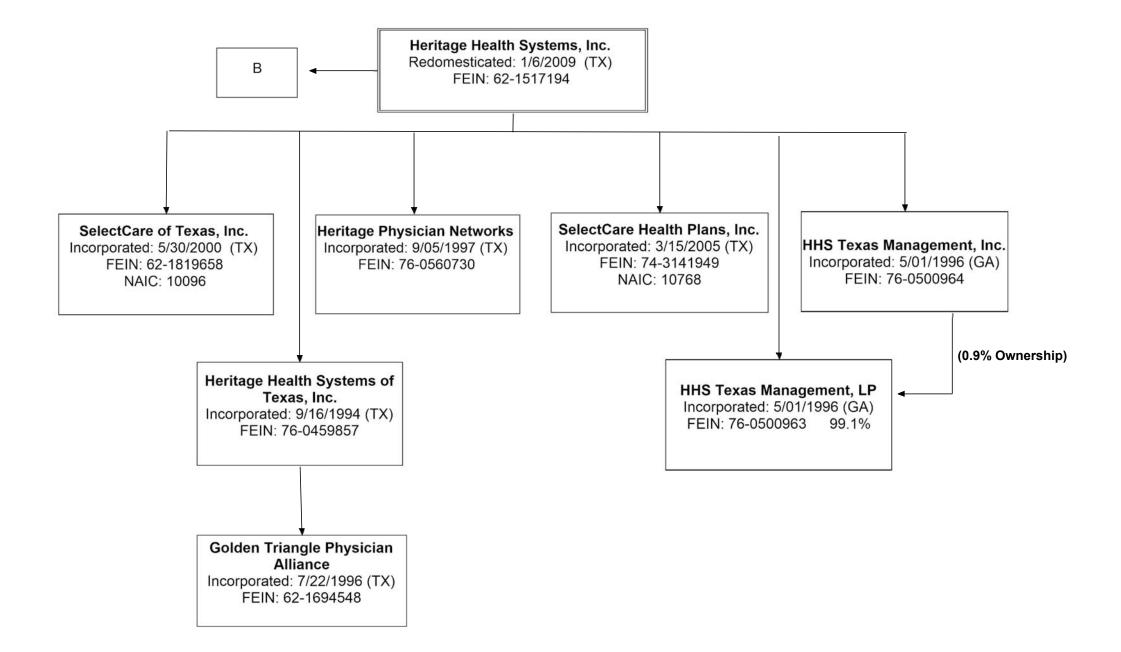
				Current Year	to Date - Allo	cated by States					
			1 1	2	3	4	Direct Bus	iness Only	7	8	9
						·	Federal Employees Health	Life & Annuity			
			Active	Accident & Health	Medicare	Medicaid	Benefits Program	Premiums & Other	Property/ Casualty	Total Columns	Deposit-Type
_	States, Etc.	Λ1	Status (a)	Premiums (53,689)	Title XVIII	Title XIX	Premiums	Considerations	Premiums	2 Through 7 (53,689)	Contracts
i	AlabamaAlaska	AL AK	N	(೮۵, ೮೮)						(33,089) N	
	Arizona		N							0	
4.	Arkansas	AR	L	(3,990)	52,870,627					52,866,637	
1	California		N							0	
i	Connecticut		N N							0 n	
1	Delaware		N							0	
i	Dist. Columbia		N							0	
	Florida		N							0	
1	Georgia		N N							0	
i	HawaiiIdaho		JN							 n	
1	Illinois		L		57 , 504 , 359	2,393,294				59,897,653	
1	Indiana		ļl							0	
1	lowa		N							0	
	Kansas		NN							0	ļ
	Kentucky		N							n	l
1	Maine		N							0	
21.	Maryland	MD	N							0	
1	Massachusetts		N					ļ		0	
	Michigan Minnesota		NN.							0	
1	Mississippi		LL	(23,715)	85 690 304					85,666,589	
	Missouri		<u> </u>	(2,045)						(2,045)	
27.	Montana	MT	L							0	
1	Nebraska		N							0	
1	Nevada		NNNNNN							0	
	New Hampshire New Jersey		N							0	
1	New Mexico		N							0	
33.	New York	NY	N							0	
i	North Carolina		N						•	0	
1	North Dakota		N N							0	
i	OhioOklahoma	OH	J							 0	
1	Oregon		N							0	
39.	Pennsylvania	PA	N.							0	
i	Rhode Island		N	/F 400\	07 070 004					0	
	South Carolina		LN	(5,439)	27,672,261					27,666,822	
	South Dakota Tennessee		LL	(57.754)	33,526,486					33,468,732	
1	Texas		N				i	i .		1	
45.	Utah	UT	N							0	
1	Vermont		N	/F 004)						0	
	Virginia Washington		N	(5,691)						(5,691)	ļ
	West Virginia		N							0	
50.	Wisconsin	WI	N							0	
1	Wyoming		N					ļ		0	ļ
1	American Samoa		NN.							ļ0	
	Guam Puerto Rico		NN							n n	
1	U.S. Virgin Islands		N							0	
56.	Northern Mariana Islands	MP	N							0	
	Canada		N				_			0	
1	Aggregate other alien	OT	XXX	0 (152, 323)	0 257,264,037	2 303 204	0 0	0	0 0	250 505 008	ļ0
1	SubtotalReporting entity contributions	s for		(102,323)	201 ,204,03/	2,393,294				259,505,008	l
	Employee Benefit Plans		XXX							0	
61.	Total (Direct Business)		XXX	(152,323)	257,264,037	2,393,294	0	0	0	259,505,008	0
58001	DETAILS OF WRITE-INS		XXX								
58001.			XXX								
58003.			XXX								ļ
58998.	Summary of remaining write- Line 58 from overflow page		XXX	0	0	0	0	0	0	0	n
58999.	Totals (Lines 58001 through										
	plus 58998) (Line 58 above) ive Status Counts		XXX	0	0	0	0	0	0	0	0

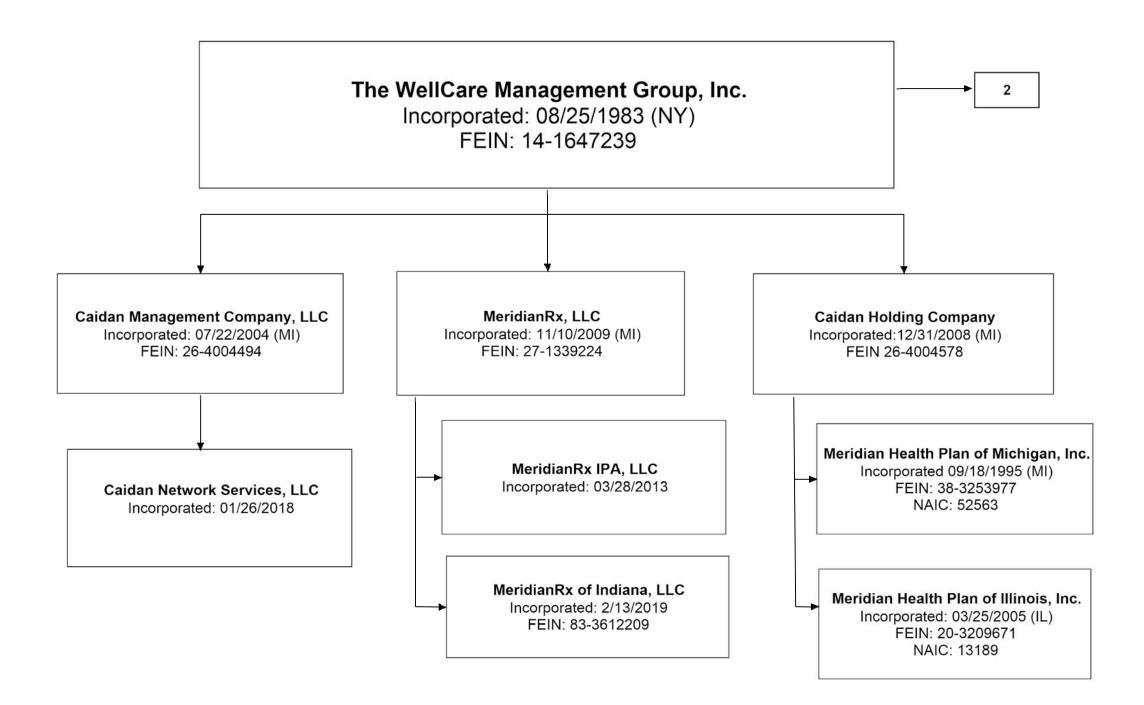
(a) Active Status Counts











16

													•		
1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership.	13	14	15	16
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management.	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
		. 											WellCare Health	ll	
01199	WellCare Health Plans Inc	95310	06 - 1405640				WellCare of Connecticut Inc	CT	I A	WellCare of New York, Inc	Ownership	100.0	Plans, Inc	N	0
01100	WallCare Health Diene Inc	95081	59-2583622					FL	IA	The WellCare Management	Ownership	100.0	WellCare Health	I , , I	
01199	WellCare Health Plans Inc	90001	09 - 2000022				Comprehensive Health Management	ГL	I A	Group, Inc The WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	^N	
01199	WellCare Health Plans Inc.	00000	59-3547616				Inc	FL	NIA	Group, Inc	Ownership	100.0	Plans. Inc.	l N	٥
01100	mericale fical til i falls file	00000	00-00-7010				The WellCare Management Group,		1	Or oup , The	0 will of 3111 p	100.0	WellCare Health		
01199	WellCare Health Plans Inc.	00000	14-1647239				Inc.	NY	UIP	WCG Health Management, Inc	Ownership.	100.0	Plans, Inc	l	0
										The WellCare Management	,		WellCare Health		
01199	WellCare Health Plans Inc	95534	14-1676443				WellCare of New York Inc	NY	I A	Group, Inc.	Ownership	100.0	Plans, Inc	N	0
										The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	00000	20-3320236				Harmony Behavioral Health Inc	FL	NIA	Group, Inc	Ownership	100.0	Plans, Inc	N	0
04400	Wall Care Hardth Blace Las	44000	00 4050405				Harris Harlth Blackha		1.4	Harman Harlik Orakana Ina	O	400.0	WellCare Health	l "l	0
01199	WellCare Health Plans Inc	11229	36 - 4050495				Harmony Health Plan Inc	IL		Harmony Health Systems, Inc The WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	N	
01199	WellCare Health Plans Inc.	00000	22-3391045				Harmony Health Systems Inc	 L	UDP	Group, Inc	Ownership	100.0	Plans. Inc.	l M	٥
01133	l merioare nearth rians inc	00000	22-0001040				Thannony hearth bystems inc			Oroup, The	Owner 3111p	100.0	WellCare Health	J\	
01199	WellCare Health Plans Inc.	00000	36-4467676				Harmony Health Management Inc	IL	NIA	Harmony Health Systems, Inc	Ownershin	100 0	Plans, Inc	l N	0
01199	WellCare Health Plans Inc		47 - 0937650		0001279363	NYSE	WellCare Health Plans Inc	FL	UIP.	Shareholders	0 11101 0111 p	0.0	1 1010, 1110	lN	
													WellCare Health		
01199	WellCare Health Plans Inc	00000	04-3669698				WCG Health Management Inc	FL	UIP		Ownership	100.0		N	0
										The WellCare Management			WellCare Health	ll	
01199	WellCare Health Plans Inc	10760	20 - 2103320				WellCare of Georgia Inc	GA	I A	Group, Inc.	Ownership	100.0	Plans, Inc	N	
04400	WallCare Haalth Dlane Inc	00000	98-0448921				Companies Deinsungen 1 td	OVM	IA	The WellCare Management	O	100.0	WellCare Health Plans. Inc.	l ,,	0
01199	WellCare Health Plans Inc	00000	98-0448921				Comprehensive Reinsurance Ltd WellCare Prescription Insurance	CYM	I A	Group, IncThe WellCare Management	Ownership	100.0	WellCare Health	^N	
01199	WellCare Health Plans Inc.	10155	20-2383134				Inc	FL	LA	Group, Inc	Ownership	100.0	Plans. Inc.	l N	٥
01133	merioare nearth rans me	10 100	20-2000 104						1	The WellCare Management	0 WII GT 3111 P	100.0	WellCare Health		
01199	WellCare Health Plans Inc.	12749	20-3562146				WellCare of Ohio Inc.	OH	II A	Group, Inc	Ownership.	100.0	Plans. Inc.	l	0
							Harmony Behavioral Health IPA			Harmony Behavioral Health,	,		WellCare Health		
01199	WellCare Health Plans Inc	00000	20-3262322				Inc	NY	NIA	Inc	Ownership	100.0	Plans, Inc	N	0
							WellCare Pharmacy Benefits			The WellCare Management			WellCare Health	l .l	
01199	WellCare Health Plans Inc	00000	20-4869374				Management In	DE	NIA	Group, Inc.	Ownership	100.0	Plans, Inc	N	0
04400	WallCare Haalth Dlane Inc	00445	00 0000550				WellCare Health Insurance of	17	1.4	The WellCare Management	O	100.0	WellCare Health	l ,,	
01199	WellCare Health Plans Inc	83445	86 - 0269558				Arizona Inc WellCare Health Insurance	AZ	I A	Group, IncThe WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	N	
01199	WellCare Health Plans Inc.	64467	36-6069295				Company of Kentucky Inc	КҮ	LA	Group, Inc	Ownership	100.0	Plans. Inc.	l M	٥
01100	merioare nearth rans me	104407	00-0000200				WellCare Health Insurance of		1	The WellCare Management	0 WIIGT 3111 P	100.0	WellCare Health		
01199	WellCare Health Plans Inc.	10884	11-3197523				New York Inc.	NY	I A	Group. Inc.	Ownership.	100.0	Plans, Inc.	N	0
							WellCare Health Plans of New			The WellCare Management	,		WellCare Health		
01199	WellCare Health Plans Inc	13020	20-8017319				Jersey Inc	NJ	I A	Group. Inc.	Ownership	100.0	Plans, Inc	N	0
										The WellCare Management	·		WellCare Health		
01199	WellCare Health Plans Inc	12964	20-8058761				WellCare of Texas Inc	TX	I A	Group, Inc	Ownership	100.0	Plans, Inc	N	0
04400	Wallows Haalth Bl	00000	00 0400540				Exactus Pharmacy Solutions,	DE	NI. A	WellCare Pharmacy Benefits	O	400.0	WellCare Health	[l	
01199	WellCare Health Plans Inc	00000	20-8420512		-		1 Inc	DE	NIA	ManagementThe WellCare Management	Ownership	1	Plans, Inc	[N	U
01199		00000	27-0386122				Ohana Health Plans. Inc.	HI	IA	Group, Inc.	Ownership.	100.0	WellCare Health Plans, Inc.	l N	0
U I I J J	morroare hearth Flans III	00000	∠1 -0000 IZZ				4 viidina libartii Frans, 1116		I M	[UT UUP , THU	ound on h	1100.0	Trians, 1116	N	U

Name of Securities Securiti	4 1	0				0	-	1 0		1 40	1. 44	1 40	1 40		I 45 I	
Securities Sec	1	2	3	4	5	6	/ Name of	8	9	10	11	12	13	14	15	16
Corput Name																
Group Name										Relationship			If Control is		Is an SCA	
Code Code			NAIC					Names of							Filing	
Meticare Health Plans Inc. 0000 27-4293249 Carl Fine Health Plans Inc. CA A Cropp, Inc. 0000 Carl Fine Health Plans Inc. CA A Cropp, Inc. 0000 Carl Fine Health Plans In	Group			ID	Federal				Domiciliary	Reporting	Directly Controlled by				Required?	
Description Description	Code	Group Name	Code	Number	RSSD	CIK	International)		Location	Entity		Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
Metil Care Health Plans Inc. 14404 45-5617189 Metil Care Realth Plans Inc. 14404 45-5617189 Metil Care Realth Plans Inc. 14504 145-561788 Metil Care Realth Plans Inc. 14504 145-56178 Metil Care Realth Plans Inc. 14504 145-56178 Metil Care Realth Plans Inc. 14504 145-56178 Metil Care Realth Plans Inc. 14504 Metil Care Realth P																
MetiCare Health Plans Inc. 14/04 45-56/19.9. MetiCare National Plans of 1.00 1.0	1199	WellCare Health Plans Inc	00000	27 - 4293249				California, Inc	CA	I A	Group, Inc.	Ownership	100.0		N	0
Mel Care Health Plans Inc 16533 45-514364 Mel Care Health Plans of Femesses Mel Care Health Plans Inc 100	1100	WallCare Haalth Dlags Inc	11101	AF 0047400				WallCare of Kanana Inc	I/C	1.4	The WellCare Management	O	100 0		l ,,	
	1 199	Wellcare Health Plans Inc	14404	45-301/189				1	K5			ownership	100.0			
Merica's 1st Choice California Merica's 1st Choice California Merica's 1st Choice California Merica's 1st Choice California Merica's 1st Choice California Merica's 1st Choice California Merica's 1st Choice	1100	WollCaro Hoalth Plans Inc	16533	15 5151261					TNI	1.4		Ownorchin	100 0		l M	0
	1100	Welloare hearth Frans Inc	10000	40-0104004					IIV			0 wile i siri p	1100.0		JN	
No. Control	1199	WellCare Health Plans Inc.	00000	45-3236788					FL	NIA		Ownership	100.0		l N	0
Wel Care Health Plans Inc. 1775. 32-0062883 Inc. 1775.											America's 1st Choice			WellCare Health		
Dispay Well Care Health Plans Inc. 1775 32-0062883 Inc. SC. A. Group, Inc. Ownership. 100.0 Plans, Inc. Well Care Health Plans Inc. 12913 20-5862801 Missouri Care, Incorporated MO. JA. Group, Inc. Ownership. 100.0 Plans, Inc. Well Care Health Plans Inc. 10199 Well Care Health Plans Inc. 00000 27-4212954 Foundation. The Well Care Community Foundation. DE. NIA Well Care Health Plans, Inc. Well Care Health Plans Inc. 00000 27-4212954 Foundation. Well Care Health Plans Inc. 00000 27-4212954 Foundation. DE. NIA Well Care Health Plans, Inc. Ownership. 100.0 Plans, Inc. Well Care Health Plans Inc. 1501.0 47-0971481 Well Care Health Plans Inc. Well Care Health Plans Inc. 1501.0 47-0971481 Well Care Health Plans Inc. 1501.0 47-0971481 Well Care Health Plans Inc. Well Care Health Plans Inc. 15951.0 47-5458672 Well Care Health Plans Inc. Well Care Health Plans Inc. 1501.0 47-0971481 Well Care Health Plans Inc. 00000 81-1631920 Well Care Health Plans Inc. 00000 81-1631920 Well Care Health Plans Inc. 00000 81-1631920 Well Care Health Plans Inc. 00000 06-1742885 Well Care Hea	1199	WellCare Health Plans Inc	00000	20-5327501					CA	I A		Ownership	100.0		N	0
No. 1999 Well Care Health Plans Inc. 12913 20-5862801. Missouri Care, Incorporated MO. JA. Group, Inc. Ownership. 1,00. Flans, Inc.								WellCare of South Carolina,							l .l	
Missouri Care, Incorporated MO JA Group, Inc. 0000 Plans, Inc. Missouri Care, Incorporated MO JA Group, Inc. 0000 Plans, Inc. Mel Care Health Plans Inc. 00000 Plans, Inc. Mel Care Management	1199	WellCare Health Plans Inc	11775	32-0062883				Inc	SC	I A	Group, Inc	Ownership	100.0		N	0
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01199. WellCare Health Plans Inc. 00000. 45-413610. Southeast Wisconsin. WI. NIA LLC. Ownership. 51.0 Plans, Inc. N. 0 Accountable Care Coalition of Syracuse, LLC. NY. NIA LLC. Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Plans Inc. 00000. 45-4546234. Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Plans Inc. 00000. 82-1219279. Southeast Wisconsin. WI. NIA LLC. Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0 WellCare Health Systems Ownership. 51.0 Plans, Inc. N. 0	01199	WellCare Health Plans Inc	00000	47 - 3843552	.				ТХ	NIA	LLC	Ownership	100.0		N	0
Accountable Care Coalition of Syracuse, LLC. Oligon WellCare Health Plans Inc. Oligon WellCare Health Systems		[<u>.</u>									Collaborative Health Systems					
01199. WellCare Health Plans Inc. 00000. 45-4546234. Syracuse, LLC. NY. NIA LLC. Ownership 51.0 Plans, Inc. N 001199. WellCare Health Plans Inc. 00000. 82-1219279. Syracuse, LLC. NY. NIA LLC. Ownership 51.0 Plans, Inc. N 001199. WellCare Health Plans Inc. 00000. 82-1219279. Accountable Care Coalition of Accountable Care Coalition of Collaborative Health Systems WellCare Health	01199	WellCare Health Plans Inc	00000	45-4113610					WI	NIA	LLC	Ownership	51.0		N	0
Accountable Care Coalition of Tennessee, LLC	04400	Wall Cana Haal the Diagon Livi	00000	45 4540004					AIV/	NI A	Collaborative Health Systems	O				_
01199 WellCare Health Plans Inc. 00000 82-1219279 Tennessee, LLC. TN. NIA LLC. Ownership 51.0 Plans, Inc. N 00000 WellCare Health Systems	01199	wellcare Health Plans Inc	UUUUU	45-4546234					NY	NIA	Collaborative Health Systems	ownersnip	51.0		N	0
Accountable Care Coalition of Collaborative Health Systems WellCare Health	01100	 WellCare Health Plans Inc	00000	82-1210270					TN	NΙΔ		Ownershin	51 0		N	ا ۱
	01100			UL-1213213					1N			ν πιιοι σιτιμ			JN	
	01199	WellCare Health Plans Inc.	00000	45-2742298					TX	NIA	LLC.	Ownership	100.0		N	0

													•		
1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities Exchange if			Relationship		(Ownership, Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent. Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)			Entity(ies)/Person(s)	(Y/N)	*
						,	Accountable Care Coalition of			Collaborative Health Systems	,		WellCare Health		
01199	WellCare Health Plans Inc	000004	45-4113780				the Tri-Counties, LLC	SC	NIA	LLC	Ownership	51.0	Plans, Inc	N	0
04400	W 110 11 111 B1	00000	45 4507504				Accountable Care Coalition of			Collaborative Health Systems		54.0	WellCare Health	l ,]	
01199	WellCare Health Plans Inc	00000	45 - 4537584				Western Georgia, LLC	GA	NIA	LLC	Ownership	51.0	Plans, Inc	N	0
							American Progressive Life & Health Insurance Company of New			Universal American Holdings,			WellCare Health		
01199	WellCare Health Plans Inc.	80624	13-1851754				York	NY	IA	III.C.	Ownership	100.0	Plans. Inc.	l N	0
01100	lior rouro riour (ii r ruilo riio	0002 1	10 1001101				1011				0 11101 0111 p		WellCare Health		
01199	WellCare Health Plans Inc.	00000	52-2134236				APS Healthcare Holdings, Inc	DE	NIA	APS Healthcare, Inc	Ownership	100.0	Plans, Inc	N	0
											·		WellCare Health		
01199	WellCare Health Plans Inc	00000	54 - 1602622				APS Healthcare, Inc	DE	NIA	UAM/APS Holding Corp	Ownership	100.0	Plans, Inc	N	0
04400	Wall Care Harlith Blace Las	00000	45 4044700				ADO Devent Lee	DE	NII A	Universal American Holdings,	Owner and his	400.0	WellCare Health	l "l	0
01199	WellCare Health Plans Inc	00000	45-4644722				APS Parent, Inc	DE	NIA	LLU	Ownership	100.0	Plans, Inc WellCare Health	N	l
01199	WellCare Health Plans Inc.	00000	30-0803845				Chrysalis Medical Services, LLC.	TX	NIA	Heritage Health Systems, Inc.	Ownership	51.0		l M	0
01100	morroure ricartii i rans mo	00000	00 00000+0				Collaborative Health Systems of			Collaborative Health Systems,	0 11101 3111 p	1	WellCare Health	'\	
01199	WellCare Health Plans Inc.	00000	81-3365375				Maryland, Inc.	MD	NIA	LLC	Ownership	50.0	Plans, Inc.	N	0
							Collaborative Health Systems of			Collaborative Health Systems,	· ·		WellCare Health		
01199	WellCare Health Plans Inc	00000	81-3306594				Virginia, Inc	VA	NIA	LLC	Ownership	100.0	Plans, Inc	N	0
04400	Wall Care Harlith Blace Las	00000	90-0779287				Collaborative Health Systems,	AIV/	NII A	III. ' o a la Amara' a cara O a car	Owner and his	400.0	WellCare Health	l "l	0
01199	WellCare Health Plans Inc	00000	90-0779287				LLU	NY	NIA	Universal American Corp	Ownership	100.0	Plans, Inc WellCare Health	^N	l
01199	WellCare Health Plans Inc.	00000	81-2602493				Empire Collaborative Care, LLC	NY	NIA	III.	Ownership	100.0	Plans, Inc	l N	0
01100	morroure ricartii i rane mo	00000	01 2002-100				Limpiro derraborativo daro, Ele			Collaborative Health Systems	0 111 0 1 0 1 1 1 p	1	WellCare Health		
01199	WellCare Health Plans Inc	000004	45-4561546				Essential Care Partners, LLC	ТХ	NIA	LLC.	Ownership	51.0	Plans, Inc	N	0
							Golden Triangle Physician			Heritages Health Systems of			WellCare Health	l	_
01199	WellCare Health Plans Inc	00000	62 - 1694548				Alliance	TX	NIA	Texas Inc	Ownership	100.0	Plans, Inc	N	0
01199	 WellCare Health Plans Inc	00000	76-0459857				Heritage Health Systems of Texas. Inc.	ТХ	NIA	Heritage Health Systems, Inc.,	Ownership	100.0	WellCare Health Plans. Inc	I ,	0
01199	Well cale liear (II Flans IIIc	00000	70-0439037				1 168.45 , 1110	I A	N I A	Ther itage hearth systems, inc.	Ownerstrip	100.0	WellCare Health	JN	
01199	WellCare Health Plans Inc	00000	62-1517194				Heritage Health Systems, Inc	TX	NIA	Universal American Corp	Ownership.	100.0	Plans, Inc.	l	0
										· '	'		WellCare Health		
01199	WellCare Health Plans Inc	00000	76 - 0560730				Heritage Physician Networks	ТХ	NIA	Heritage Health Systems, Inc.	Ownership	100.0	Plans, Inc	N	0
04400	W 110 11 111 B1		70 0500004							l., ., ., ., ., .		400 0	WellCare Health	ll	
01199	WellCare Health Plans Inc	00000	76-0500964				HHS Texas Management, Inc	GA	NIA	Heritage Health Systems, Inc.,	Ownersnip	100.0	Plans, Inc WellCare Health	N	l
01199	WellCare Health Plans Inc.	00000	76-0500963				HHS Texas Management, LP	GA	NIA	Heritage Health Systems, Inc.,	Ownershin	99 1	Plans. Inc.	l M	0
01100	morroure ricartii i rane mo						Tillo Toxas managomortt, El			Collaborative Health Systems,	0 111 0 1 0 1 1 1 p		WellCare Health		
01199	WellCare Health Plans Inc.	00000	47 - 3923394				Hudson Accountable Care, LLC	NY	NIA	ILLC	Ownership	51.0		N	0
							Maine Community Accountable			Maine Primary Care Holdings,			WellCare Health		İ
01199	WellCare Health Plans Inc	00000	45 - 4552092				Care Organization, LLC	ME	NIA	LLC	Ownership	49.5	Plans, Inc	[N	0
01100	 WellCare Health Plans Inc	00000	45-4679969				Maine Primary Care Holdings,	ME	NIA	Collaborative Health Systems	Ownership	07.0	WellCare Health Plans. Inc		_
01199	mericare mearth Frans Inc	00000	40-40/9909				Maryland Collaborative Care.	JVIC		Collaborative Health Systems	Ownership	97.0	WellCare Health	N	l
01199	WellCare Health Plans Inc.	00000	90-0855950				LLC	MD	NIA	LLC.	Ownership	51.0	Plans. Inc.	N	n l
							Mid-Atlantic Collaborative]		Collaborative Health Systems,	e		WellCare Health		
01199	WellCare Health Plans Inc	00000	81-2704355				Care, LLC	MD	NIA	LLC	Ownership	51.0	Plans, Inc]N	0

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	_	Ŭ			Ü	Name of			10	''	Type of Control		''	"	
						Securities Exchange if			Dalationahin		(Ownership, Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		Relationship to	'	Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
04400	WallOan Haalth Bland Inc	00000	45 5000074				Northern Maryland Collaborative	MD	NII A	Collaborative Health Systems	0		WellCare Health		
01199	WellCare Health Plans Inc	00000	45-5626871				Care, LLC	JND	NIA	LLCUniversal American Financial	Ownership	51.0	Plans, Inc WellCare Health	N	
01199	WellCare Health Plans Inc.	00000	95-3623226				Penn Marketing America, LLC	DE	NIA	Services	Ownership	100.0	Plans. Inc.	l N	0
							_				,		WellCare Health		
01199	WellCare Health Plans Inc	00000	58 - 2633295				Premier Marketing Group, LLC	DE	NIA	Penn Marketing America, LLC	Ownership	100.0	Plans, Inc	N	0
01199		00000	13-3491681				Quincy Coverage Corporation	NY	NIA	Universal American Holdings,	Ownership	100.0	WellCare Health Plans, Inc.	N	
01199	Wellcale health Flans Inc	00000	. 13-3491001	-			Tourney coverage corporation	JNT	NIA	LLG	ownership	100.0	WellCare Health	JN -	
01199	WellCare Health Plans Inc.	10768	74-3141949				SelectCare Health Plans, Inc	TX	I A	Heritage Health Systems, Inc.	Ownership	100.0	Plans, Inc.	N	0
							·						WellCare Health		
01199	WellCare Health Plans Inc	10096	62-1819658				SelectCare of Texas, Inc	ТХ	I A	Heritage Health Systems, Inc.	Ownership	100.0	Plans, Inc	N	0
01199		00000	42-0989096				UAM Agent Services Corp	I A	NIA	Universal American Financial Services	Ownership.	100.0	WellCare Health Plans. Inc.	l M	٥
01133	mericare nearth rians inc	00000	42-0909090				TOAM Agent Services corp	I /\			0 WITE 1 3111 P		WellCare Health		
01199	WellCare Health Plans Inc	00000	26-0153605				_UAM/APS Holding Corp	DE	NIA	APS Parent, Inc	Ownership	100.0	Plans, Inc	N	0
							I			The WellCare Management	.		WellCare Health	ll	_ [
01199	WellCare Health Plans Inc	00000	27 - 4683816	-			Universal American Corp Universal American Financial	DE	NIA	Group, IncUniversal American Holdings,	Ownership	100.0	Plans, Inc	N	0
01199		00000	95-3800329				Services	DE	NIA	Tille	Ownership	100 0	WellCare Health Plans. Inc	l N	ا ۱
01100	Werrodre floarth Frans flo	00000	00000025				Universal American Holdings,				0 #1101 0111 p		WellCare Health		
01199	WellCare Health Plans Inc	00000	45-1352914				LLC	DE	NIA	Universal American Corp	Ownership	100.0	Plans, Inc	N	0
04400	WallOan Haalth Bland Inc	00000	45 5400400				Virginia Collaborative Care,	VA	NII A	Collaborative Health Systems	0		WellCare Health		
01199	WellCare Health Plans Inc	00000	45-5439406				LLCWorlco Management Services,	V A	NIA	LLG	Ownership		Plans, Inc WellCare Health	N	
01199	WellCare Health Plans Inc	00000	23-1913528				Inc	NY	NIA	Worlco Management Services	Ownership	100 0	Plans. Inc	l N	0
										Collaborative Health Systems			WellCare Health		
01199	WellCare Health Plans Inc	00000	47 - 2346408				AWC of Syracuse, Inc	NY	NIA	LLC	Ownership	100.0	Plans, Inc	N	0
01199		16253	82-3169616				WellCare Health Plans of Arizona, Inc.	AZ	I A	The WellCare Management Group. Inc.	Ownership	100 0	WellCare Health Plans. Inc.	l M	0
01199	Well care hearth Frans The	10233	02-3109010						I A	The WellCare Management	Ownerstrip	100.0	WellCare Health	N	
01199	WellCare Health Plans Inc.	16344	82-3114517				WellCare of Maine, Inc	ME	I A	Group, Inc.	Ownership	100.0	Plans, Inc	N	0
04400	W 110 11 111 B1	00000	00 0000440				W 110 (D 1 D: 1	50		The WellCare Management		400.0	WellCare Health		
01199	WellCare Health Plans Inc	00000	66-0888149				WellCare of Puerto Rico, Inc WellCare Associate Assistance	PR	I A	Group, IncThe WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	N	0
01199	WellCare Health Plans Inc	00000	82-4598040				Fund. Inc	FL	NIA	Group, Inc.	Ownership	100 0	Plans. Inc.	l N	0
01100	The Fred of Floar till France The States	00000					WellCare Health Insurance			The WellCare Management	İ '		WellCare Health		
01199	WellCare Health Plans Inc	16343	82-4247084				Company of America	AR	I A	Group Inc	Ownership	100.0	Plans, Inc	N	0
01100	Wall Care Health Blone 1:	16342	82-5127096				WellCare National Health	TV	1.4	The WellCare Management	Ownorabin	100.0	WellCare Health		
01199	WellCare Health Plans Inc	10342	02-012/090	-			Insurance Company WellCare of North Carolina.	TX	IA	Group, Inc The WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	N	
01199	WellCare Health Plans Inc	16547	82-5488080				Inc	NC	I A	Group, Inc.	Ownership	100.0	Plans, Inc]N	<u>.</u> [
										The WellCare Management	İ '		WellCare Health		
01199	WellCare Health Plans Inc	00000	26-4064494				. Caidan Management Company, LLC	MI	NIA	Group, Inc.	Ownership	100.0	Plans, Inc	N	0
01199		00000	26-4064494				Caidan Network Services. LLC	MI	NIA	The WellCare Management Group, Inc.	Ownership	100 0	WellCare Health Plans, Inc	NI NI	۱
01133	merivare nearth Frans IIIC	00000	20-4004434				Joanuan Network Services, LLG	JN I	NIN	[UTUUP, THU	0#11@19111b	100.0	I Tails, IIIC		U

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	_		'	"	Ŭ	Name of	Ĭ		10		Type of Control	'		"	
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
01200	 WellCare Health Plans Inc.	00000	26-4004578				Caidan Holding Company	MI	NIA	The WellCare Management Group, Inc.	Ownership	100 0	WellCare Health Plans. Inc.	l M	0
01200	werrcare nearth Frans inc	00000	20-4004376				Maryland Collaborative Care		NIA	Group, Inc.	ownership	100.0	Prans, mc		
							Transformation Organization,			The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	00000	82-1280079				Inc.	DF	NIA	Group, Inc	Ownership	100.0	Plans, Inc	l N	0
01100	Not real of real till a raile and	00000	02 1200010				Meridian Health Plan of		1	The WellCare Management	0 milor om p		WellCare Health		
01199	WellCare Health Plans Inc	13189	20-3209671				Illinois. Inc.	IL	I A	Group. Inc.	Ownership	100.0	Plans, Inc.	.l	0
							Meridian Health Plan of			The WellCare Management	İ '		WellCare Health		
01199	WellCare Health Plans Inc	52563	38-3253977				Michigan, Inc	MI	I A	Group, Inc.	Ownership	100.0	Plans, Inc	. N .	0
										The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	00000	83-2069308	.			WellCare of Washington, Inc	WA	I A	Group, Inc	Ownership	100.0	Plans, Inc	. N .	0
04400	L	00000	07 4000004				W	MI		The WellCare Management		400.0	WellCare Health	١, ا	
01199	WellCare Health Plans Inc	00000	27 - 1339224	-			MeridianRx, LLC	M I	NIA	Group, IncThe WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	.	
01199	 WellCare Health Plans Inc.	00000	32-0408908				MeridianRX IPA. LLC	NY	NIA	Group. Inc.	Ownership.	100.0	Plans. Inc.	N	٥
01199	Well cale liearth Flans life	00000	32-0400900	-			WellCare Health Insurance of	JN1]N I A	The WellCare Management	Ownersinp	100.0	WellCare Health	.	
01199	WellCare Health Plans Inc.	16513	83-2126269				Connecticut. Inc.	CT	IA	Group, Inc.	Ownership	100.0	Plans. Inc.	l N	0
01100	Werredre riedran France into.	10010	00 2120200				WellCare Health Insurance of	1	1	The WellCare Management	0 111 O 1 O 1 1 1 P		WellCare Health		
01199	WellCare Health Plans Inc	16532	83-2276159				Tennessee. Inc	TN	I A	Group Inc	Ownership	100.0	Plans, Inc		0
							WellCare Health Plans of			The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	16514	83-2255514				Vermont, Inc	VT		Group, Inc	Ownership	100.0	Plans, Inc	. N	0
										The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	16531	83-2797833				WellCare of Arkansas, Inc	AR	I A	Group, Inc.	Ownership	100.0	Plans, Inc	. N .	
04400	 WellCare Health Plans Inc.	00000	00 0040054				 	IN	IA	The WellCare Management	Ownership	100 0	WellCare Health Plans. Inc.		_
01199	wellcare Health Plans Inc	00000	83-2840051	-			werrcare or indiana, inc	I N	I A	Group, IncThe WellCare Management	ownership	100.0	WellCare Health		
01199	 WellCare Health Plans Inc	16515	83-2914327				WellCare of New Hampshire, Inc.	NH	LA	Group. Inc	Ownership	100 0	Plans. Inc	l N	١
01100	Herroare nearth Frans Inc	10010	00-2014027				l metroare of New Hampshire, The		1	The WellCare Management	Owner 3111p	1100.0	WellCare Health		
01199	WellCare Health Plans Inc	00000	83-3612209				MeridianRx of Indiana. LLC	IN	IA	Group, Inc	Ownership.	100.0	Plans. Inc.	l N	0
							WellCare Health Insurance			The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	00000	83-3333918				Company of Louisiana, Inc	LA	I A	Group. Inc.	Ownership	100.0	Plans, Inc		0
1							WellCare Health Insurance		1	The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	16516	83-3091673				Company of New Hampshire, Inc	NH	I A	Group, Inc.	Ownership	100.0	Plans, Inc	. N .	0
04400	Wall Care Hardth Blace I	00000	00 0400000				WellCare Health Insurance	WA		The WellCare Management	0	400.0	WellCare Health]	
01199	WellCare Health Plans Inc	00000	83-3166908	1			Company of Washington, Inc	WA	I A	Group, Inc.	Ownership	1	Plans, Inc	. N .	
01199	 WellCare Health Plans Inc.	00000	83-3310218				WellCare Health Insurance Company of Wisconsin, Inc.	WI	LA	The WellCare Management	Ownership	100.0	WellCare Health Plans. Inc.	NI NI	
01188	I no i i oai e i i oai tii r i alis i i i i	00000	00-00 102 10	1			WellCare Health Insurance of		1	The WellCare Management	0#1101 9111h	100.0	WellCare Health	. · · · · · · · · · · · · · · · · · ·	
01199	WellCare Health Plans Inc.	16548	83-3493160				North Carolina, Inc.	NC	IA	Group, Inc.	Ownership	100.0	Plans. Inc.	N	ا ۱
31100	last to the first traile the traile		00 0 100 100	1			WellCare Health Plans of		1	The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc	00000	83-3351254				Wisconsin, Inc	WI	I A	Group. Inc	Ownership	100.0	Plans, Inc	. l	
							WellCare of Missouri Health			The WellCare Management			WellCare Health]	
01199	WellCare Health Plans Inc	16512	83-3525830				Insurance Company, Inc	MO	I A	Group, Inc	Ownership	100.0	Plans, Inc	. N	0

Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	RESPONSE
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
Explanation:	
Bar Code:	

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate		
	1	2
		Prior Year Ended
	Year To Date	December 31
Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition 3. Current year change in encumbrances		0
3. Current year change in encumbrances		0
4. Total gain (loss) on disposals		0
5. Deduct amounts received on disposals		0
Total foreign exchange change in book/adjusted carrying value		0
7. Deduct current year's other-than-temporary impairment recognized		0
8. Deduct current year's depreciation		0
Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		0
10. Deduct total nonadmitted amounts		0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B - VERIFICATION

	Mortgage Loans		
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year	0	0
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		0
	2.2 Additional investment made after acquisition		()
3.	Capitalized deferred interest and other.		0
4.	Accrual of discount.		0
5.	Capitalized deferred interest and other. Accrual of discount. Unrealized valuation increase (decrease). Total gain (loss) on disposals. Deduct amounts received on disposals.		0
6.	Total gain (loss) on disposals.		0
7.			
8.	Deduct amortization of premium and mortgage interest points and commitment fees Total foreign exchange change in book value/recorded investment excluding accrued interest		L0
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest		L0
10.	Deduct current year's other-than-temporary impairment recognized		L0
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-		
	8+9-10)	0	0
12.	Total valuation allowance		0
13.	Subtotal (Line 11 plus Line 12)	0	0
14.	Deduct total nonadmitted amounts	 0	0
15.	Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA – VERIFICATION

	Other Long-Term Invested Assets		
	-	1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	0
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		0
	2.1 Actual cost at time of acquisition 2.2 Additional investment made after acquisition Capitalized deferred interest and other. Acquisited of discount		0
3.	Capitalized deferred interest and other		0
4.	Accrual of discount.		0
5.	Unrealized valuation increase (decrease)		0
6.	Unrealized valuation increase (decrease). Total gain (loss) on disposals. Deduct amounts received on disposals. Deduct amortization of premium and depreciation.		0
7.	Deduct amounts received on disposals		0
8.	Deduct amortization of premium and depreciation.		0
9.	Total foreign exchange change in book/adjusted carrying value		0
10.	Deduct current year's other-than-temporary impairment recognized.		0
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	L0	L0
12.	Deduct total nonadmitted amounts.	L0	L0
13	Statement value at end of current period (Line 11 minus Line 12)	0	0

SCHEDULE D - VERIFICATION

Bonds and Stocks		
	1	2
		Prior Year Ended
	Year To Date	December 31
Book/adjusted carrying value of bonds and stocks, December 31 of prior year	5,694,640	3,654,253
Cost of bonds and stocks acquired	0	3,459,409
3. Accrual of discount		12,556
Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
Deduct consideration for bonds and stocks disposed of	0	1,425,000
Deduct consideration for bonds and stocks disposed of. Deduct amortization of premium.	1,490	6,579
Total foreign exchange change in book/adjusted carrying value	10	0
Deduct current year's other-than-temporary impairment recognized	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	L0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	5,700,503	5,694,640
12. Deduct total nonadmitted amounts	ļ0	0
13. Statement value at end of current period (Line 11 minus Line 12)	5,700,503	5,694,640

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

				ferred Stock by NAIC Desi				
NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	6,006,000	0	0	6,802	6,012,801	0	0	6,006,000
2. NAIC 2 (a)	0	0	0	0	0	0	0	0
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	6,006,000	0	0	6,802	6,012,801	0	0	6,006,000
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	6,006,000	0	0	6,802	6,012,801	0	0	6,006,000

(a) Book/Ad	ljusted Carrying Value column for tl	he end of the current reporting period	includes the following amount	it of short-term and cash equiv	alent bonds by NAIC designation: NAIC 1 \$	312,298	; NAIC 2 \$
NAIC 3 \$	0 ; NAIC 4 \$	5 NAIC 5 \$		AIC 6 \$			

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
					Paid for Accrued
	Book/Adjusted			Interest Collected	Interest
	Carrying Value	Par Value	Actual Cost	Year To Date	Year To Date
919999	312 298	YYY	311 245	0	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year	311,360	0
Cost of short-term investments acquired	0	311,245
3. Accrual of discount	938	115
Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals	0	0
Deduct consideration received on disposals	0	0
7. Deduct amortization of premium.	0	0
Total foreign exchange change in book/adjusted carrying value	0	0
Deduct current year's other-than-temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	312,298	311,360
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	312,298	311,360

Schedule DB - Part A - Verification

Schedule DB - Part B - Verification

Schedule DB - Part C - Section 1

Schedule DB - Part C - Section 2

Schedule DB - Verification

SCHEDULE E - PART 2 - VERIFICATION (Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year	283,028,169	189,300,605
Cost of cash equivalents acquired		
3. Accrual of discount	0	217,608
Unrealized valuation increase (decrease)	15,063	(1,709)
5. Total gain (loss) on disposals.		0
Deduct consideration received on disposals	193,000,000	1,210,071,395
7. Deduct amortization of premium		
Total foreign exchange change in book/adjusted carrying value	0	0
Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	255,527,935	283,028,169
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	255,527,935	

Schedule A - Part 2

Schedule A - Part 3

Schedule B - Part 2

Schedule B - Part 3

Schedule BA - Part 2

Schedule BA - Part 3

Schedule D - Part 3

Schedule D - Part 4

Schedule DB - Part A - Section 1

Schedule DB - Part B - Section 1

Schedule DB - Part D - Section 1

Schedule DB - Part D - Section 2

Schedule DL - Part 1

Schedule DL - Part 2

SCHEDULE E - PART 1 - CASH Month End Depository Balances

Page Page	Month End Depository Balances								
Page Page	1	2	3	4	5	Book E	Balance at End of	Each	9
Interest Depository						Month	During Current Q	uarter	
Interest Depository		1		Amount of	Amount of]
Received Rate Courted Statisticner Statis						•	•	_	
Depository Depository Depository Program Progr									
Second Depository Code Infect Courier			Doto						
Time									
Good Deposition	D 11	0.4.				Et al. Marrie	0	The last NA confidence	١. ا
Program=1773		Code	Interest	Quarter	Date	First Month	Second Month	I nira iviontn	<u> </u>
Planger 3032						// /2 / /==		(050 000)	1
P Bryan-20333				0		(1,484,459)	(545,117)	(653,092)	
Pages Page	JP Morgan-804/IIInois	1		0		51,506,676	46,936,113	/6,341,863	
P Grogn-4944		·		0		10,330			
Progress 658	JP Morgan-8098Illinois			0		(885, 135)	(592,817)	(814,588)	XXX
P Byrgar 4522	JP Morgan-3464Illinois	+		0		(05)	(80)		
## Program 4333	JP Worgan-U513IIIInois			0					
P Morgan 1933	JP Worgan-8292			0		Z			
Suntrain-1925		+		0					
Sentral (1988) — Sentra		1		0					
Federal IV Insured Cash Accounts Verinas 2.70 143.31 41.03 25.00.00 22.00.00 22.00.00 27.00.00 20.00.00 27.00.00 20.00.00 27.00.00 20.00.00 27.00.00 20.00 20.00 2	Cuntrust -0291. Kentucky.					(114,204)	(19,073)	14 700 166	
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Section Sect		†	2 150			20,000,000 5 256 762	5 266 520	5 277 260	
Dispose Deposits in	SunTruet 07/30/2010 Kentucky	†				25 NNN NNN	25 nnn nnn	25 000 000	
not exceed the all long-life limit in any one depository (See Instructions) - Open Dispositor ries XXX		+		131,112		20,000,000			^^^
0199999 Total Open Depositories	not exceed the allowable limit in any one depository	XXX	XXX	0	0	1 938	1 938	1 938	XXX
399999 Total Cesh on Deposit						102 700 167		137 571 679	XXX
399999 Total Cash on Deposit	· · · · · · · · · · · · · · · · · · ·	1 1/1/1	^^^	520,404	50,241	102,100,101	55,005,221	101,011,010	^^^
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								137,571,678	_
059999 Total XXX XXX 326,404 95,247 102,799,167 99,005,227 137,571,678 XXX								0	XXX
	0599999 Total	XXX	XXX	326,404	95,247	102,799,167	99,005,227	137,571,678	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments	O	- 4 0 4 0	
Show investments	DMH DARWE	ot Chirront Chia	rtor .

Show Investments Owned End of Current Quarter								
1	2	3	4	5	6	7	8	9
			Date	Rate of	Maturity	Book/Adjusted	Amount of Interest	Amount Received
CUSIP	Description	Code	Acquired	Interest	Date	Carrying Value	Due & Accrued	During Year
Exempt Money Market	Mutual Funds - as Identified by SVO	<u> </u>				, , ,	•	
	BLKRK LQ:T-FUND INSTL		06/28/2018	2.290	XXX	12,000,000	47.027	
	DREYFUS TRS&AG CM INST		03/01/2019	2.280	XXX	8,408,328	16,376	46,674
261941-10-8	DREYFUS TRS SEC INST.		03/01/2019	2.270	XXX	25,214,978	51,768	140 ,841
825252-40-6	INVESCO TREASURY INST		11/01/2018	2.330	XXX		47,043	
8599999 - Exempt Money Market Mutual Funds — as Identified by SVO						57,623,306	162,214	320,701
All Other Money Mark	ket Mutual Funds					•	•	
00142W-84-3	INVESCO PREM GV M INST		03/04/2019	2.330	XXX		15,857	44 , 795
09248U-70-0	BLKRK LQ:FEDFUND INSTL.		06/28/2018	2.330	LXXX	17,000,000	33,533	
26188J-20-6	DREYFUS CASH MGT INST		03/01/2019	2.540	ХХХ	28,302,958	66,871	165,296
262006-20-8	DREYFUS GVT CSH MGT INST		01/02/2019	2.320	XXX	25,000,000	48,933	122,899
	GOLDMAN:FS GOVT INST		02/01/2019	2.340	XXX	26,000,000 [62,246	57,480
	FEDERATED GOVT OBL PRMR.		03/04/2019	2.360	XXX		70,535	48 , 412
60934N-58-3	FEDERATED INS PR VL INST		03/04/2019	2.520	XXX		65,200	
825252-88-5	INVESCO GOV&AGENCY INST		03/01/2019	2.350	XXX	17,000,000	57,213	
	SS INST INV:US GV MM PRM.		03/01/2019	2.420	XXX	16,000,000	56, 110	
8699999 - All Other Money Market Mutual Funds						197,904,629	476,497	761,107
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						-		
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0000000 T.I.I.O.	at E. Catalo					055 507 005	000.744	4 004 000
8899999 Total Cash Equivalents						255,527,935	638,711	1,081,808